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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

THE AZORES AS A HEALTH RESORT.

BY DR. J. M. JUNKIN,

Of Philadelphia.

These islands, belonging to Portugal, are located in the Atlantic Ocean, within latitude 37° to 40°, and longitude west from Greenwich 25° to 31°, about as far north as Philadelphia and Baltimore, and yet the climate, for the whole year, is very much the same as we have in Philadelphia in the month of May.

Take the weather we have in May; both for cool and warm, wet and dry, it will just about give the average for the year in the Azorean islands.

There never is any frost, and though quite hot in July and August, it does not reach the extremes it does here, but is more continuous.

To avoid the discomforts of the hottest weather, many of those who are able to do so have summer residences up on the sides of the mountains; the facilities offered by the numerous volcanic elevations giving abundant opportunity for this luxury.

These islands, nine in number, are Flores, Corvo, Fayal, Pico, St. Jorge, Gracioca, Terceria, San Miguel, Santa Maria. The soil is rich, and by careful cultivation may be made to produce from two to four crops a year, or even more of the quick-growing crops. They are all of the same volcanic formation; some of them are thrown to higher elevations than others; this makes more difference than at first thought one would suppose; for on account of high winds and the clouds hanging on the higher ground, there is no cultivation much above 1,000 feet from the sea level. This is the case, especially, with Fayal and Pico, where scarcely half of the actual surface is under cultivation.

The people say that "each island is different in climate from the others in some respects." I think this will account for it.

The remains of the old feudal system still exist, though it is nearly worn out; but the land, especially on San Miguel, is held by a comparatively few proprietors. The evil effects of this are evident in the poverty of a large portion of the people; many of them, even old men and women, go entirely bare-footed, and are thinly clothed; they must be rather uncomfortable in the cooler days of the winter months, for sometimes the thermometer gets as low as 50°.

There is comparatively little sickness on any of the islands—very rarely any regular fevers, or epidemics of any kind, prevail.

The streets of the larger cities are remarkably clean, and are lighted by kerosene lamps; and they have a well organized police force. I never saw the streets of any city as clean as those of Horta.

The air is quite moist, though not at all disagreeably so, and is very balmy. This makes it peculiarly desirable for cases where there is a tendency to dryness of the mucous surfaces of the air passages. In some forms of asthma it acts like a charm, and the disease is entirely checked as long as the person remains. I don't know that old, confirmed cases could be entirely cured, except by a permanent residence; but I have no doubt that a residence of even a few months would effect wonders in more recent cases.

There are few places in the world where more

benefit could be received in that very distressing disease, commonly called, but very improperly, "hay fever"—for it is not a fever, and is not caused by hay.

The air has also a peculiar effect on the skin, removing harshness and rendering it soft and smooth. Nor does it produce that relaxing effect on the physical strength, causing repugnance to exertion, which tropical climates do.

At the city of Horta there are no springs within reach, so water is supplied only by wells and cisterns. The latter are all private. There are many public wells on the streets, all very neatly fitted up, with smooth-cut stone curbs. There are no pumps or other means provided for raising the water; every one has to bring his own bucket and rope. The water is mostly good, but some of the wells are brackish. In all the other cities, and often by the roadsides, the water is supplied by clay pipes from springs. It is very clear and pure, being almost distilled water, from the clouds resting so much on the hills. There are many fountains along the streets, and at every place there are two openings, and a large cut-stone trough to catch the waste water. I understood that the two openings were to prevent contentions in case two persons reached the fountain at the same time.

At the three large cities—Horta on Fayal, Angra on Terceria, and Ponta Delgada on San Miguel—there are educated physicians; as also at the Furnas, of which I shall say more farther on.

The roads.—The Portugese Government has shown a most liberal spirit in providing roads. I think I can say, without the fear of contradiction, that there are no better in the world, if as good. I did not think that roads could be made as smooth as I found those on these islands. Many of them, especially on the island of San Miguel, are literally as smooth as a floor. It is a luxury to ride on them, and there is no toll charged on any of them. Carriages can be had at moderate prices, and they are quite comfortable; drawn by mules; there are very few horses on the islands.

The most interesting and important object of all, especially as a health resort, is the valley of the Furnas. This beautiful valley is the bottom of a vast crater, from two to three miles wide and four or five long, about 1,000 feet deep, entirely surrounded by the crater walls, except a narrow rent out to the sea on the south side, through which the water escapes from the various springs. It contains a thriving village, a number of handsome gardens, and a good deal of cultivated ground, with a beautiful lake nearly a mile wide and two miles long. There is a large hotel and a number of private houses, where visitors can be accommodated.

At the eastern end of the lake, there is a single boiling spring; but it has no arrangements for bathing. The bathing springs are more than two miles to the eastward of this, near the border of the valley. A ridge sloping down to quite a narrow, rounded end, divides the boiling spring from the others.

On the south side of this, extending for half a mile or more, are numerous springs, some quite hot, but not boiling; others of all temperatures to quite cold. These do not contain sulphur, but are all pleasantly chalybeate, and all highly charged with carbonic acid gas. I saw it bubbling up everywhere. The amount of gas discharged, both at these and at the boiling spring, is enormous; and if it were not for the rent through the wall of the crater, by which it escapes to the sea, it would make this a valley of death—no living thing could go into it and remain alive.

On the other side of this ridge are the boiling springs. There are three large openings, where the water is thrown up with great violence, with immense quantities of carbonic acid gas. The large columns of steam arising from these are one of the first objects that attract the eye on descending into the valley.

There are a great many smaller openings where boiling water escapes, and numerous fissures where jets of steam are constantly emitted, so that persons have to be very careful where they step, lest they get their feet scalded. At one large opening there is constantly being thrown up a bluish mud, which is largely alumina, but must contain sulphur and other matters mixed with it.

It is thrown up with great violence and a horrid noise. The people call it the mouth of hell, and it is not inaptly named. Most of the mud falls back, only small quantities being spattered out on the rocks by the force of the escaping steam and carbonic acid. It is scraped up and used by the people as an external application in skin diseases. I had no opportunity of ascertaining whether it is of any real benefit. Judging from the fact that there are plenty of finger-marks where it is collected, and no mark of any instrument, there is some superstition about the collecting it; and no wonder, for the whole thing presents a diabolical sensation to one looking at it.

There are a number of small bath-houses near

these springs, and more are building; some of these are private. The water is strongly sulphur.

All the boiling springs are contained in a space of not more than forty yards in diameter, and not twenty yards from where the boiling water flows out there is a clear cold spring, with no sulphur in it, but decidedly iron, and so highly saturated with carbonic acid that it is a delightful drink; I never tasted so agreeable a tonic. That one spring would be a fortune to any one, if he had it in this country. The Portuguese Government has shown a very liberal spirit here, as well as in making roads. There are two roads, each twenty-eight miles long, from Ponta Delgada, and they are the *best of the best*. But this is not all.

In the first place, they have not allowed this wonderful laboratory of nature to be taken possession of by private parties and made a speculation of, as is done in our country with everything of the spring kind, hot or cold, as well as other great objects, such as the Mammoth Cave, etc.

In the second place, in providing, at great expense, baths free for all. There are several old small public bath-houses, with only a few rooms altogether; they have large stone tubs, made of the black lava-rock. Since the value of the springs has become known, the number of visitors has increased, so that larger accommodations were needed; and the government has, at great expense, put up an almost perfect bath-house. There is nothing in our country, public or private, to equal it.

The building is large, two stories high. The lower story is fitted up with neat, comfortable bath-rooms, with cut stone floors and marble tubs brought from Lisbon—each one cut from a single block and finely finished—with mat before each tub to stand on, seats and clothes-racks, etc., and each tub has three stop-cocks, for hot sulphur, and warm iron, and cold water. All free; any one can go and take whatever kind of a bath they please, there being no charge—the bathers furnishing their own towels, and, if they choose, giving a small coin to the person who keeps things in order.

To bring the boiling water to the new bath-house, a tunnel has been cut through the ridge to the boiling springs, and pipes are laid through this to the bath-house, which is on the other side.

The upper story is fitted up with a number of rooms for hospital purposes, and an office for a resident physician, who is sent out from Portugal during the summer months. I believe he is to remain permanently when all the arrangements are completed. The building was not entirely finished when I was there. I am sorry I cannot give an analysis of these waters. There is considerable difference in the different springs, and they must be very beneficial in a variety of diseases.

Many persons from the different islands visit these springs, as well as from Portugal and other parts of Europe; and as their value becomes better known, and the facilities for getting there are improved, the number will increase. The demand will create the supply in both directions.

Attractions.—Many are the objects of interest to attract visitors to these islands beside the delicious climate and the springs. The scenery is exceedingly fine, and being entirely volcanic, is very different in many respects from ordinary scenery. The islands are formed by one or more high volcanic elevations, with vast numbers of smaller ones, varying from fifty to thousands of feet in height. I could count from our hotel window at Horta from fifty to sixty on the western end of Pico alone.

The grandest of the scenery is on the islands of Fayal and Pico. Immediately across from Horta, six miles distant, the beautifully-shaped cone of Pico, "the peak" commences, extending 7613 feet above the level of the sea—nearly a mile and a half up into the air. It is seen from all parts of Fayal, and its great height makes it a conspicuous object a long distance at sea; it has even been proposed as a point from which to start as the meridian of longitude. Visitors ascend to the top in the summer months. Snow generally covers the top in January, and ice often remains on it until June. It has no crater, being nearly level on top, with a small depression in the centre, and a small sharp cone, about three hundred feet high, rises on one side of this.

Nine miles back from Horta, near the centre of the island of Fayal, is the "Calderia." The whole island is one volcano, with the immense crater, the rim of which is 3400 feet above the sea, nearly round, two miles across the top, and about 1700 feet deep. It is very difficult to comprehend these large measurements, and it is only by comparing them with familiar heights and distances, that we can form any conception of the vastness of this huge cauldron.

The view from the rim is grand beyond description, and well repays any one for the fatigue and difficulty of the ascent.

The rides and drives on Fayal, but more especially on San Miguel, are exceedingly enjoyable; the smooth roads and beautiful views, the fertile hills and valleys, and the delicious climate with

its never-ending verdure, make this a luxury which few, if any other parts of the world can equal. For miles wherever you go, the fence-walls are covered with ferns and vines and parasitic plants, with flowers in great variety lining the roadside.

The gardens are the great attraction, nothing has been neglected to bring these gardens to almost perfection. The rich soil, and semi-tropical climate, combine to give a rare luxuriance to vegetable life.

The gardens of Bagatella and Freedonia, belonging to the estate of the U. S. Consul at Horta, are revelations of beauty; one can stroll for hours beneath the shade of almost every variety of trees, brought both from tropical and other climates. Palms in great profusion, orange and lemon, camelias and fuchsias grown to trees, covered with magnificent flowers—roses of every kind, the richest and rarest that our earth produces, and other flowers and plants innumerable.

Prince among the trees is the Norfolk Island Pine (though it is really a spruce). In one of these gardens is the first one ever grown north of the equator. Truly it is a magnificent tree, with its branches covering a circle of about forty or fifty feet on the ground, and towering a perfect cone over one hundred feet in the air, with its heavy, rich, deep green foliage.

The gardens at Ponta Delgada are admitted by all to excel those at Horta. It is said they are not equaled in the world, and well it may be so; for the genial soil and climate seems to suit trees, plants, and flowers, whether from temperate or tropical regions. No expense has been spared by the wealthy land-holders. They have searched the world over for everything, tree, shrub, or flower, that would add beauty to their gardens. To attempt to name the different varieties would be to give a botanical catalogue.

In many respects the garden of Senhor Antonio Borgio excels all the others. It is not large, but is filled with the most exquisite surprises, with its countless varieties of grand trees, and myriads of the more delicate ferns, vines, and flowers, arranged in lake, glen, dell, and grotto. Words would fail to give any correct idea of it. One must see it for himself to form a conception of its beauty. With all its fruits and flowers, it comes nearer to what is generally understood by the word Paradise than probably anything else the world now contains.

Accommodations for visitors—At Horta there are two good hotels where the English language is spoken. Connected with one of these is a very large garden, surrounded by high walls, its broad avenues lined with trees, under which are rustic seats, large orange groves and banana walks, the smaller fruits in abundance, such as guavas, nespras, etc. Flowers here too, in their profuse and luxuriant growth, exhale their delicious perfume, and the little olive canaries make the air vocal with song. This is a cheery spot, and a most desirable one for invalids, as they can be entirely secluded amidst all these delights.

At Ponta Delgada there is one very pleasant, homelike hotel, delightfully situated, on high ground overlooking the sea. There are several others which are regular Portuguese.

In all these, the accommodations are very good; The beds not very soft, but clean and nice, and the table equal to any of our city hotels, where two to three dollars a day is charged. The fixed price in all these hotels, is one dollar (or 12,000 reas) a day. Comfortable accommodations may be had in private families at lower rates for a continued stay.

There are a few English-speaking families in all three of the largest cities, which make a pleasant society. Persons not speaking Portuguese can get along with but little difficulty, as there are many who are able to speak English.

The means for getting there.—The question may be asked, How is any one to get to the Azores? I feel that this article would not be completed unless it afforded an answer to this question.

There is no communication by steam except by way of England and France, and then by taking a Brazilian steamer to San Miguel, or by going overland to Lisbon and taking the small mail steamer, which makes the round trip, to all the islands, twice every month.

There are two lines of sailing vessels, one from Boston, the other from New Bedford, Mass. O. L. Bartlett, 115 State street, Boston, would gladly afford all needed information about these lines. I speak from experience when I say that the barque "Sarah," of their line, is a staunch vessel; she is a fine sea-boat, and carries herself splendidly in rough or smooth seas. She is commanded by a gentleman—Captain Hale—hearty and generous, a thorough seaman, ever watchful for the safety of his vessel, and the comfort and pleasure of his passengers.

The run is made in from sixteen to twenty-five days to Fayal. Of course, depending on the wind and weather, precision cannot be attained as on a steamer; but as for passing the time, a sailing vessel is more pleasant and comfortable than a steamer, excepting there is not as much space;

and there are far more disasters of steamers than of sailers, in proportion to the numbers of each. So no one need be deterred from going on a sailing vessel from fear of disaster, and the length of the voyage may be desirable.

The trip is a comparatively cheap one, and can be made inside of three months, giving two weeks at Horta and two at Ponta Delgada, and a day or two at Flores and Terceira.

Should a family wish to keep house, comfortable houses can be had for moderate rent. Marketing is very cheap compared with our prices, and servants' wages are not over one-fourth of what they are here.

A NEW UNIVERSAL BATTERY.

BY CARL SEILER, M. D.,
Of Philadelphia.

The application of electricity in medicine is becoming more generally recognized as a curative agent in the treatment of disease, and as an aid in surgery, and it is therefore necessary to pay some attention to the source of the agent, viz. the battery, and make it as convenient and efficient as possible; and particularly is this necessary when electricity is to be used in surgery, for every surgeon who has used the batteries in the market, has been annoyed by their inefficiency at the moment when wanted for an operation. This defect lies chiefly in the complicated mechanism and the smallness of the cups containing the acid in the portable galvano-cautery batteries, which makes it difficult to keep every connection in working order, and in the bulkiness of the stationary batteries. There is, however, another very serious defect in these batteries when operations in the cavities of the nose or throat are to be performed with the galvano-cautery knife, which consists in the fact that the heat cannot be augmented or diminished during the operation without the aid of an assistant, and without interrupting the current; for the plates are entirely immersed in the exciting fluid, and the current can only be increased or decreased by increasing or decreasing the number of plates in the circuit.

Recognizing the great value of galvano-cautery in minor surgery, and noticing their defects, I endeavored to construct an apparatus which would be under perfect control of the operator, would be simple and easily taken care of, and at the same time would always be ready without any preparation, such as filling the cups with acid, washing the plates, etc. Such a battery, roughly made by myself, but giving entire satisfaction under the most trying circumstances, I exhibited several months ago at a meeting of the Philadelphia County Medical Society, a short description of which was published in the *Philadelphia Med. Times*. My aim was, however, to obtain an office battery which would combine within itself the different forms of apparatus giving the different kinds of electricity, viz. the galvano-cautery, the galvano-faradic and the galvanic currents, and thus making it of universal usefulness.

My friend, Mr. Otto Flemming, of this city, the well-known manufacturer of medical batteries and apparatus, to whom I showed my working model, altered and perfected its details, and finally produced a battery which leaves nothing to be desired for universal usefulness as an office battery, as will be gleaned from the cut and the following description:

Two systems of ten zinc and carbon plates each are suspended from two hard rubber platforms, Fig. 1, f and f' placed side by side in the top of the box. A brass spring is connected to each plate by a screw passing through the platform, and presses against a cylindrical commutator, by turning which the plates can be connected for quantity, *i. e.*, all carbons and all zincs connected together, each lead to a binding post, d, e, e' and d'; the carbons of the first system being connected with the zincs of the second system by the strips of brass connecting the binding posts e and e'; or for intensity, *i. e.*, zincs and carbons being connected with each other alternately. Alongside of the platform f is another one, upon which are mounted the binding posts c and c', which are connected by flexible cords carrying pins with the plates of the system in such a manner that the cord from the post c' leads to the spring marked O, the pin being inserted in a hole drilled into the head of the screw connecting the spring with the plate below the platform. The other post c carries a double cord, the pins of which may be inserted into any of the screw-heads of the systems of plates, and thus any number of pairs from one to twenty may be brought into action without interrupting the current. The posts b and b' serve to connect the cords leading to the electrodes. Upon the same platform are also mounted a polarity-changer and a two-point switch for interrupting the current if it is desirable; these appliances being used where an intensity of current is made use of. At the end of the box a galvano-faradic apparatus is inserted, which may be removed and used separately, and away from the battery, a description of which is not necessary, as it is so well known.

In the lower portion of the box are two movable platforms, which may be raised or lowered by a treadle, to which they are connected by cords running over rollers. Upon these platforms are placed two hard rubber cups six inches square by eight inches deep; and in these the exciting liquid, a mixture of bichromate of potash, sulphuric acid, and water, is contained. These cups being immediately beneath the system of plates, suspended from the platforms, when raised by the treadle, cause the plates to be immersed in the fluid, and thus a current is established which varies in strength according to the amount of surface of plates exposed to the action of the acid. A ratchet hook at the bottom of the box, by engaging in the bar of the treadle, will keep the cups at any desired height, so that the foot may be taken off; and by disconnecting the cords of either one or the other of the movable platforms, either one or the other of the cups alone may be raised when only a comparatively weak current is desired. When the plates are connected for intensity, and the galvanic current is to be used, cups of the same size, partitioned off into ten compartments each, are substituted for the open cups, so that when the cups are raised, one carbon and one zinc plate fit into each compartment. This substitution of one kind of cup for the other is readily effected, since the back as well as the front of the box opens, and the cups can be easily removed or inserted into their position on the movable platform. Below the faradic apparatus are drawers for containing the instruments, connecting cords, etc. The size of the box containing the whole apparatus is 28 inches long by 12 inches wide and 16 inches high, and is therefore not too large to be easily moved.

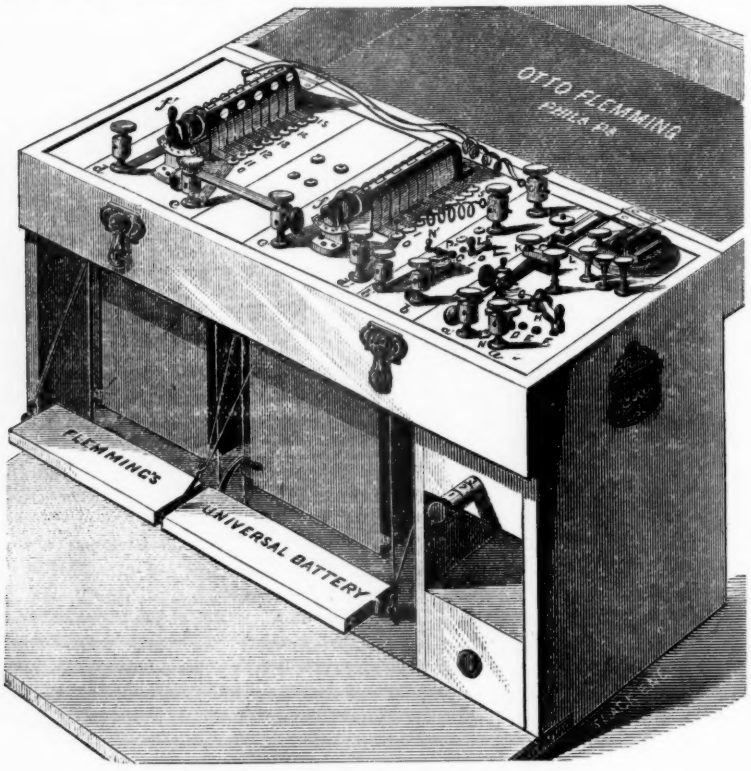

Fig. 1.

Mr. Flemming has constructed several sizes of these batteries, such as a battery of one cell, for galvano-cautery only (Fig. 2), one of two cells, etc., all based upon the same principle.

From this description it will be seen that the apparatus has a very wide range of usefulness, and can be applied to any purpose for which electricity in medicine is used. Its great advantage as a galvano-cautery battery over other batteries

of this kind consists in the facts that the operator can regulate the heat of his platinum loop to a nicety by the pressure of his foot, and is, therefore, independent of an assistant, a very important point when small operations in the nose or throat, or about the genital organs, are to be performed. Further, that as soon as he lifts off his foot the liquid leaves the plates, and no further action on them can take place, thus saving the zincs as well as the strength of the fluid; the quantity of the fluid being very large, the products of the chemical action of the acid upon the zinc fall to the bottom, and thus the upper portion of the fluid remains fresh for a very long time, so that the fluid need not be renewed more than once in two or three months, according, of course, to the number of times the plates have been immersed. The simplicity of the connections, and the fact that they are placed above the platforms, out of the reach of the fumes of the acid, renders them but little liable to get out of order, and thus the battery is always ready when wanted. But this battery may also be used for other than medical purposes; and when connected for intensity with the partitioned cups, I have used it to work an electric motor for operations with the dental drill and burr, and have obtained an admirable illumination for laryngoscopic and other purposes from incandescent lamps or a small ark light.

FIG. 2.

THE small-pox epidemic in South Africa appears to have almost subsided.

HOSPITAL REPORTS.

NEW YORK HOSPITAL.

CLINIC OF PROF. WILLIAM H. DRAPER.
Reported by W. H. SEELYE, A. M., M. D.

Cirrhosis.

The examination of the first patient by one of the medical students brought out the following facts. He was admitted to the hospital August 7, 1881. Name, J. M.; age, 44; born in Ireland; occupation, a copying or writing clerk; married. His father died of old age—at the age of seventy-eight. His mother died suddenly of heart disease. A sister died of consumption at the age of eighteen. A brother died of small-pox when a child. There are two still living and in good health. He has had no venereal or malarial disease. When ten years old, he had small-pox. He was a steady drinker for twelve years, but did not get drunk. After that he drank to excess until a year and a half ago, and since then he has been abstemious. He enjoyed good health until May, 1880, when he began to lose his appetite, and to have indigestion, and nausea, and other gastro-intestinal troubles, until they became so bad that he came to the hospital for treatment on May 20, 1880. He was then found to have nausea, vomiting, diarrhœa, swelling of the feet and legs, and a mitral systolic bruit, with hypertrophy of the left ventricle. He had a protrusion of the gut through the anus, due to hemorrhoids, and sometimes there was blood in the passages. On the right wrist was observed a spot of subcutaneous hemorrhage. On June 28, 1880, he was discharged from the hospital. Twelve weeks ago he was troubled with pain and swelling in the ankles and knees. So he again came to the hospital, and was relieved by medicine. Since then, he has suffered from flatulence, and eructations of wind from the stomach, and dropsy in the abdomen. His urine is diminished in quantity, and is growing steadily less. It contains twenty per cent. of albumen, and some hyaline and other casts, and it has an ammoniacal odor. He has been treated with digitalis and acetate of potash, and has been cupped and poulticed over the kidneys, but with little good effect. He still has protrusion of the gut, and piles, and blood passages. There has been general œdema, involving the face at times. For ten or twelve days he had a profuse diarrhœa, with nausea and vomiting. On August 13, at four o'clock in the afternoon, he had a chill followed by pain, and then loss of power in the right arm and leg, and especially in the great toe, and his pupils were found contracted, but equally so. He has been aspirated six times, and large quantities of fluid were drawn off. Since the last tapping he has had no appetite, and has suffered from dyspnœa.

Inspection.—The abdomen is immensely swollen, and the superficial veins very prominent. The thorax is flat, and symmetrical on both sides. The face is flushed, and the arterioles and capillaries are prominent upon the cheeks and nose, but there is no œdema at present. The conjunctivæ have a slightly bluish tinge. On the legs are numerous macules of some size, and one or two scars. Visable carotid pulsation.

Palpation.—Fluctuation in the abdomen is very distinct. The apex beat is half an inch below and one inch outside of the normal position.

Percussion.—There is tympanitic percussion on the top of the abdomen, but at about six inches either side of the umbilicus flatness begins, showing that the abdomen is nearly filled with fluid. The patient lies on his back. The size of the spleen cannot be made out because it is covered by the fluid, but its upper border is in about the normal position. The liver is somewhat contracted in size and is lifted up slightly by the fluid. The pulmonary resonance is normal.

Auscultation.—A valvular murmur is heard with the first sound of the heart, and is most distinct at the second intercostal space on the left of the sternum, but is not heard at the apex. It appears to be an aortic obstructive murmur. The respiratory murmur is about normal over the whole of the chest, so there is no pulmonary œdema.

Gentlemen, you have here a very full history. But I now want to call your attention first to his previous illness, for which he came to this hospital a year ago last summer. You remember that he suffered then mainly from gastro-intestinal symptoms, and he comes back now, still complaining of the same. I wish to fix your attention on these symptoms, so that you may see how this malady has insidiously but steadily increased for years. The gastro-intestinal catarrh is the initial symptom in a long line of symptomatology. Stop a moment and ask yourself what was the cause of this catarrh. It was hyperemia of the mucous membrane lining the intestines, and this congestion was due to obstruction in the portal circulation, which in this case was caused by the chronic atrophy of a cirrhosis of the liver. This disease progresses slowly but surely, and the first prominent symptoms are those for which this man came in here a year ago. And now he comes back again with an abdominal dropsy. As this portal difficulty advances, it finally manifests itself by causing effusions of serum from the serous coats of the intestines, and thus originates the ascites, which is the form of dropsy peculiar to chronic atrophy of the liver. In addition to his dropsy, this patient has had albuminuria. This is not a necessary, but it is a frequent complication. For the disease may extend to any other parenchymatous organs, and so we may get a cirrhotic kidney, with all its symptoms. But this is not all. For here we have an hypertrophied left ventricle and a valvular murmur in the heart. The sequence of the complications here, is from the liver to kidney and then to the cardiac lesions, and not from the heart to the hepatic and renal affections, as might at first be supposed. Jaundice is not a necessary symptom in cirrhosis of the liver. But the complexion is rather striking in this disease, from the absence of discoloration of the skin. The prominence of the minute red vessels on the cheeks, seen here, is quite characteristic. You observed that the superficial veins over the abdomen were enlarged. The mechanicism of this is, that since the portal veins are obstructed the circulation is carried on chiefly through the superior epigastric and internal mammary vessels, which are hence engorged and made prominent. This is always a symptom of portal obstruction, and the most frequent cause is cirrhosis. On feeling of the radial arteries here, we find the coats thickened and hardened, and there is more tension to the pulse than is natural. The artery feels like a whip-cord, and rolls under the finger. So we conclude that the coats of the arteries are diseased also, and hence that the cirrhotic disease is generalized and involves both the parenchymatous organs and the coats of the blood-vessels, in this man's case.

Since this patient came in here, the treatment has been mainly palliative. His dropsy has been relieved by tapping as often as was necessary. This has been done six times, and about 260 ounces of fluid were removed at each aspiration. This operation gives great relief, and is perfectly safe to resort to, and it is the only means of giving the patient speedy comfort. When the abdomen becomes filled with fluid, the viscera are forced up against the diphragm, and aspiration sometimes becomes necessary in order to avoid death from apnœa. The only precaution to be observed, is not to take all the fluid away at the first tapping. For when the great distension of the abdomen has kept up a continued pressure on the blood-vessels for a long time, it is sometimes dangerous to remove all of this pressure suddenly, for the distended vessels do not contract promptly, and so are not quite filled with blood, and syncope which may be fatal is the result. So much care is not necessary in subsequent tappings. It is best to perform the operation with the patient in the recumbent position. It is remarkable how quickly the dropsy will recur. This man was tapped last Tuesday, and now the abdomen is full again.

I have tapped one patient twenty-two times, within a period of six or eight months. The other methods sometimes employed for getting rid of the dropsy, such as diaphoretics, diuretics, and cathartics, are slow and uncertain, and often inefficient. This man has been taking digitalis as a diuretic, and this is a happy selection in his case, for it also acts as a heart stimulant. But there are other points in the treatment to be considered. This man has been suffering more or less from gastro-intestinal symptoms, and especially from wind in the belly. It is a very unpleasant condition to have the abdomen distended by gas and fluid, at the same time. This is one of the consequences of the catarrhal state of the mucous lining, and it may be relieved by washing away the mucous exudation which impedes digestion, and so sets up fermentation and dyspepsia. The best means for accomplishing this is to administer saline cathartics every day or two. And this is being done with this man. More can be done for the dyspepsia by giving the mineral acids, and especially by using care in the selection of foods. The dietetics of sick people are very much neglected, and are left altogether too much to the judgment of the family or the nurse. Our knowledge on this point is very largely empirical, but we know enough of the causes of weak digestion in sick people to enable us to make a selection of a rational diet. As much stress should be placed on the feeding of the sick, as on the administration of medicines. Such a patient as this man must be fed with the greatest care. He should never be allowed to take any of

the fermented preparations of alcohol, such as beer and wine. They are absolute poisons to a man in this condition. Sweetened foods of any kinds should be avoided, as they add much to the gastric distress. They are seldom tolerated in fevers or other sickness. But nurses and friends give these sweets too much, thinking that they will be agreeable to the patient. The proper diet should be simple and consist mostly of animal food, such as milk, meat, and broths, and very little starchy food. If stimulants should be needed, pure diluted alcohol should be administered, but this should be given only rarely. This condition has been brought about by the use of alcohol, and it is not going to be cured by a dog of the same hair. It may only be given at times to stimulate digestion and to cheer him up. But it can do no permanent good.

Medical Societies.

KENTUCKY STATE MEDICAL SOCIETY.

THURSDAY AFTERNOON.

(*Continued from page* 432.)

Dr. Thos. F. Rumbold, of St. Louis, by invitation, read a paper on the Treatment of Chronic Nasal Pharyngeal Catarrh. Dr. Rumbold holds that chronic inflammation of the nasal is not like the inflammations of mucous membranes in other situations; therefore he holds that the general practitioner of medicine, while he may understand the usual effects of applications of medicines in situations in general, is not capable of treating inflammations seated here, unless acquainted with the action of drugs in this particular situation. The cause—at least one of the most prolific of causes—of inflammations here is cold, oft repeated and neglected. He speaks of the modification which age exerts upon the process as seated here. Children and young persons show little inconvenience from exposure to a draft of air, while aged persons suffer quickly and severely. Men die from excesses; women from exposure. In order to treat naso-pharyngeal catarrh successfully, attention to these two points of lowered vitality in the two sexes must ever be borne in mind. Particular attention must be paid to the manner in which females are clad, and if this be not under the control of him who undertakes to treat such diseases, his reputation is likely to suffer in proportion to the failure of his treatment. In the means of applications of remedies to the disease, he objects strongly to the douche. It can do no good, because it fails to make the application at the seat of the disease. It may be productive of harm because it is unscientific. Dr. Rumbold objects to the application of water either hot or cold, and maintains it is harmful because it is absorbed by the mucous membrane, and produces a greater state of congestion in it than existed before the application was made. Three essential qualities should be possessed by all applications made to the nasal mucous membrane. First, they should cause no pain; second, they should cleanse the surface; third, they should be capable of transformation into such a form as to permit their application to every portion. All applications before being made should be brought to the bodily temperature, then they should be applied in the form of spray. Vaseline he recognizes as the best application with which he is acquainted. Two others exhibited and occasionally used were carbolic acid and eucalyptol. This paper was courteously received, but not discussed.

Dr. W. O. Roberts, of Louisville, reported several cases of head injuries in which operative procedures had been rendered necessary. The first was that of a man who had suffered a depressed fracture of the left antero-temporal region. On the eleventh day after the injury he was seized with violent pain in this region. Four days later he had a distinct chill, and soon after it was discovered that he had lost the power of speech, and was paralyzed on the left side. A diagnosis of intra-cranial abcess below the external wound was made, and trephining advised. The operation was done, but the result was nil, no pus nor blood escaping. The next day the patient died comatose. Post mortem examination revealed an abscess situated on the posterior surface of the cerebrum.

The next case was that of a fireman knocked from the cab of an engine. He fell through a trestle work to the ground below. When found, he was insensible, with a gash along the left cheek and a cut on the left antero-temporal region. A sharp-pointed rock near him was noticed to be covered with blood and hair, on which he had evidently struck. He was roused to consciousness, and walked the length of twenty-five cars, when he was put on the train and brought to Jeffersonville, Ind., several miles from the scene of the accident. He walked three squares from the depot to his home. On the second day convulsions supervened, and he soon began to lose the power of speech. By the seventh day it had failed entirely. Late in the evening of the next day I saw him, when it was decided to enlarge the original wound and expose the depressed fragment if possible. This was done; the fragment was discovered and lifted out with a grooved director. Dark grumous blood to the amount of half an ounce escaped. The patient recovered, and was present at the meeting for exhibition.

Another case of a boy 6 or 8 years of age was seen four days after his admission into St. Mary's Hospital. The wound occupied the centre of the left frontal bone. Several days elapsed from the date of the injury to the ushering in of unpleasant symptoms. The depressed fragment was then elevated, though the trephine had to be used in order to get the elevator under it. Pus immediately began to flow. Later a hernia of the brain occurred, followed shortly by dissolution.

Two other cases in which the result of trephining was successful were reported, but your reporter failed to get them.

Dr. D. W. Yandell exhibited the skull of a woman who was operated upon by Dr. Gross in 1854. In 1867 she began to have epileptic convulsions, which continued to occur until her death, in 1872.

Over the opening made by the trephine in this skull, a fibrous membrane of considerable strength had grown. Just inside an excrescence

the size of a pea was formed. From the irritation caused by this, it is supposed the epileptic manifestations arose.

Another case of which he spoke was that of a man shot during the war in the frontal region, and who, apparently fully recovered, was seized with epileptiform convulsions in 1867. Dr. John O'Reiley, since deceased, operated upon him, removing quite a small portion of bone. He made a good recovery, and is alive to this day.

A youth kicked by a horse near the centre of the frontal bone had a comminuted fracture slightly depressed, but recovery took place without interference. In about two years he began to have epileptiform convulsions, and his temper underwent a change. I operated upon him; his epilepsy disappeared, his viciousness passed away, and he is now a useful citizen.

Dr. McCormack, of Bowling Green, said: "A case was brought to my office a little more than a year ago to be examined in order that I might testify as to his sanity. He was twenty-three years of age. Six years before, he was struck on the head with a sharp-pointed hammer, at which time he fell unconscious, and remained so for some time, but gradually recovered without any symptoms of trouble. He married at nineteen. He continued, to all appearances, well until about six months before he came to see me, when he began to complain of great pain in the region of the former wound. He underwent some degree of emaciation. There was distinct depression at this point, though the excessive tenderness there prevented entirely satisfactory examination. I removed a fairly large section, and afterwards a second section, and then rasped the edges. He recovered without a bad symptom. The remarkable feature in his case now developed itself. Shortly after he recovered he told me he had no recollection of anything that had occurred from the day he was struck on the head until the day he was operated upon. I took every precaution to prevent any imposition, but he appeared to show no disposition to deceive me. When he first became conscious, after the removal of the bone, his impression was that a short time before he had been struck on the head. He had no recollection of his marriage. He had bought a small farm, and partially paid for it, but he would not believe it until he had examined the records for himself. He appears now to be in perfect health."

Dr. Frank C. Wilson, of Louisville, reported two cases of tracheotomy, the result in one being successful, the patient, a little boy of about four years, being present in person. In November, 1881, Dr. Wilson was roused at night to see the little fellow, who had some time previously been taken sick with diphtheria invading the nasal passages. A few weeks before his brother had been attended by Dr. Senteny in the same disease. The boy's condition in the evening did not seem to demand the attention of a physician, and Dr. Senteny had not been sent for. "I explained to the father at once the dangerous character of the affection, and insisted that Dr. Senteny should be called. From that time till the operation was performed, one or the other of us was with him constantly, and endeavoring by every means in our power to stay the progress of the disease. Nothing availing, and the little fellow growing worse, it was determined to perform the operation in the middle of the night.

"The incision was carefully and slowly made, and the hemorrhage stayed before the trachea was opened. The expulsive efforts excited by the passage of air into the opening caused renewed hemorrhage, which, however, soon ceased. A moist sponge was placed over the tube, which was cleansed about every three or four hours. The boy made a good recovery.

"The other case occurred in a younger child, and the operation was delayed until the last moment, In this case the child lived three days after the operation, and seemed to die as the result of accumulations of mucus in the trachea and bronchial tubes."

Dr. Wilson also exhibited an apparatus which he had designed to warm the air before its passage into the tube.

Dr. Pinkney Thompson reported two cases of recovery from the operation, in each of which no tube had been used. Other cases in which it had been used had resulted unsuccessfully. He regarded the tube as harmful rather than efficacious, looking upon it as a foreign body, in a delicate situation, and in itself sufficient to produce harmful irritation.

Dr. Dunlap spoke of two cases operated upon by the late Dr. John D. Jackson, both of whom recovered. He used the tube in both cases.

Dr. Yandell, D. W., reported a case in which the tube had been worn for a period of seven years.

Dr. J. M. Matthews, of Louisville, read a paper on the subject of "Hemorrhage from the Rectum —Its Causes and Treatment." This paper had reference not to ordinary hemorrhage from the rectum, such as that which accompanies almost all disorders incident to the part, and is but an accompaniment or symptom, nor to that which follows the usual operations for piles, fistula, etc., but rather to consider that hemorrhage which requires surgical interference, and which if let alone would endanger the life of the patient. After giving an explicit description of the arterial and venous distribution of vessels in this situation, Dr. Matthews said: "I have been thus careful in my remarks concerning the blood supply, not only to impress the great necessity of caution in operating, but to show how very natural it is that bleeding should occur from the part from very simple causes, it may be such as the passage of hard fæces, etc., etc., and because the works on surgery devote but little space to the subject. Indeed, the rules laid down for the management of such conditions are not at all explicit. An experience of a number of years in the special practice has taught me that not only do these dangerous cases of hemorrhage from the rectum often occur, but they are mistaken for symptoms of other diseases. The causes of hemorrhage here, excluding that which results from operative procedures, may be briefly told as follows:

"(1) From ulceration of the bowel.

"(2) From capillary hemorrhoids.

"(3) From the hemorrhagic diathesis.

"(4) From polypi.

"These in my opinion constitute the only causes of hemorrhage requiring surgical interference.

"Hemorrhage from *ulceration*. I use the term 'ulceration,' believing it to be an *ill* term, and

that it should not be used in this connection. Yet the authors have failed to give us a better one. True ulceration is not and cannot be accompanied by much bleeding, for the reason that there is sufficient inflammatory action present incident to the process to clog the vessels, and hence to prevent hemorrhage. The condition to which I wish to direct your attention in contradistinction to ulceration is an abrasion sometimes formed in the epithelium of the gut. This may arise from trivial causes, as the passage of hard fæces, etc. The result may cause serious alarm. No inflammation attending this 'peeling off,' in its incipiency the blood pours freely from the capillary structures unless active measures are taken to suppress it. The discharge may be pure blood or it may be mixed with mucus. Very many of these cases have, I am sure, been mistaken for other affections, notably dysentery.

"*Treatment.*—The object of treatment in cases of this nature is of course to produce sufficient inflammatory action to clog the vessels with lymph. The very best application to accomplish this object, is in my opinion pure carbolic acid. It should be applied not only to the abrasion proper but to the mucous membrane surrounding it. It stops hemorrhage and does not destroy the membrane. Nitric acid or the acid nitrate of mercury would likely accomplish the same purpose, but at the risk of producing stricture. It would be inconvenient to apply the actual cautery. No account of the affection of which I am speaking is given in the works on surgery or in the books devoted to diseases of the rectum. Unique they may not be, but they certainly deserve more attention than they receive.

"*Hemorrhage from Capillary Piles.*—It will be remembered this is the small, spongy, raspberry-looking pile which is often met with, possessing a disposition to bleed upon the slightest provocation. The blood lost is usually arterial. A hard stool or straining at stool is a common cause of rupture, and the amount of blood sometimes lost is enormous, and may cause a fatal termination.

"*Treatment.*—I regard it best to catch up the entire bleeding spongy mass and secure it by a silk ligature. The ordinary tenaculum forceps used in ligaturing piles are objectionable in these cases. They tear through the mass and cause fresh bleeding, besides they do not enable you to secure the mass with ease. A forceps with serrated edge instead of forks on the handle at an angle of 45 degrees, I have had made by Adolph Fisher of this city, answers the purpose better. In many cases I have stopped the bleeding by the application of pure nitric or carbolic acid. The actual cautery here is a most excellent measure, in the form of thermo-cautery.

"*Hemorrhage from a Hemorrhagic Diathesis.*—This is scarcely mentioned by the authors. That it occurs has been evidenced in my practice, and when met with, it is of the most serious nature. Local measures seem to do but little good, and it is to be questioned if such patients are ever fully relieved. The diathesis is manifested in the rectum as in all portions of the body. The slightest scratch or abrasion on handling the part is sufficient cause for the hemorrhage, which is often uncontrollable.

"*Treatment.*—This diathesis may be hereditary, or it may be established by habit. Sedentary life conduces much to its production. The habits should be carefully inquired into, and a change, if necessary, positively enjoined. Exercise, fresh air, proper diet, etc., should be carefully looked after. The sheet anchor in the treatment, I believe to be ergot or ergotine. This should be combined with iron, and given for its full effect. The best local applications are hot water (injected), *sub-sulphate of iron*, and pure carbolic acid, each to be repeated as often as may be found necessary. The last causes I have named for hemorrhage calling for surgical interference are polypi. These tumors may be above the sphincter muscles, for a long time giving rise to no inconvenience, but all at once they may begin to bleed either from detachment or other causes. They should be brought into view, and the pedicle ligated. This is best done under an anæsthetic, and by dilating the sphincters forcibly. If hemorrhage should occur from the sloughing of the tumor, or from its being torn off, the pedicle or stump must be sought, and if it is not possible to include it in a ligature, the rectum should be plugged in the manner already described. Hemorrhage from all the sources mentioned here has frequently been met with in my practice. If a proper diagnosis is made before serious damage is done by the loss of blood, the remedies are easily applied. A thorough investigation of each and every case is necessary to determine the remedy, and if the attention of the profession has been so directed, the object of this paper has not been fruitless.

"I have met with one case of vicarious menstruation through the rectum, but such cases are very rare, and require no treatment."

Dr. Dudley S. Reynolds, of Louisville, said: "I have been much interested in the discussion of the subject of hemorrhoids and their removal by ligature, the ecraseur, and by various caustics injected into the tumor. I am not a little surprised, however, to note the diversity of opinion concerning the action of carbolic acid, injected in hemorrhoidal and polypoid growths generally, whether occurring in the rectum, nasal passages, or the cervix uteri. It seems pretty generally established that carbolic acid is at times absorbed in such quantities as to create serious constitutional trouble; that it sometimes fails to cause either sloughing or shrinkage of hemorrhoidal tumors. The injection least likely to be attended by successful results, and at the same time not entirely free from the dangers of absorption, seems to be the one most commonly spoken of. In my own practice I have had a great deal of experience in the treatment of polypoid growths by injection, and I am confident that the treatment of hemorrhoidal tumors by injection may be conducted upon much the same plan and with strikingly similar results. The officinal tincture of iodine may be injected without provoking more pain than follows the use of carbolic acid, and should it be absorbed or introduced directly into the veins, disastrous consequences would not likely follow, because iodine liquefies fibrinous structures. It dissolves rather than coagulates tissues. Acetic acid diluted with 25 to 50 per cent. of water may be introduced in soft flaccid polypi, and I have seen them shrink and disappear after this injection without any sloughing and without any great amount of pain beyond the

moment of injection. But it seems to me, sir, in the highly vascular fibroid growths where the tincture of iodine fails, a 20 per cent. solution of chromic acid constitutes the very best and safest of all astringent injecting fluids. In this strength it is sufficiently caustic to destroy the vitality of the tumor and cause its removal by sloughing, and if carefully performed the operation need not be followed by any damage to contiguous tissues. Warty excrescences of every kind known to me will slough promptly from the injection of this substance. Unlike the ferrated solutions as persulphate and the perchloride, the chromic acid forms instantly a coagulum which isolates the mass injected from other tissues, producing almost instantaneous death of the part injected. Of course, the injection of chromic acid cannot be practiced in all cases; but certainly in all those cases where carbolic acid injections have been thought desirable, the chromic acid or the strong tincture of iodine offer far better chances of success. In fact, my experience leads me to conclude that carbolic acid is least desirable of all injecting fluids in the treatment of polypi and other tumors."

FRIDAY MORNING.

Dr. Sargeant, of Hopkinsville, reported a case of strychnia poisoning, in which recovery occurred after the ingestion of twenty grains. The stomach was not evacuated, because the interval between ingestion and the doctor's arrival had been sufficient to render it probable that the drug had all been absorbed. "At 8 p. m. he had seven convulsions in rapid succession. At 9 p. m. I reached his bedside and found him perfectly rigid and opisthotonos complete, legs extended, feet everted, arms flexed, and fingers clinched. Jaws spasmodically closed, lips and eyelids retracted, pupils dilated, face blue, and skin bathed in a profuse perspiration. On account of the inability of the patient to swallow, he was given, per rectum, 110 grains of chloral hydrate and 120 grains of bromide of potash. At ten o'clock he was able to swallow thirty grains of chloral hydrate and sixty grains of bromide of potash. This was repeated at 11 p. m. and 12.30 a. m., when he had the last convulsion. Until 3 a. m. he complained of great muscular soreness. Another dose was given, after which he was not seen until 11 a. m. He had then eaten some breakfast, and was apparently as well as ever.

"The conclusions reached were as follows: (*a*) Quite a long interval may intervene between the ingestion of strychnia, and its poisonous manifestations; (*b*) toxic doses act in a similar manner in all animals, however much the susceptibility may vary; (*c*) the muscular rigidity disappears first in point of time, (1) from the jaw and muscles of deglutition, (2) from the legs and arms, (3) from the spinal column, and (4) from the muscles of respiration; (*d*) death results from asphyxia; (*e*) chloral hydrate and bromide of potash are antagonistic to strychnia."

Dr. W. C. Webb, of Bryantsville, read a paper on "Pertussis." In the treatment of this disease, though opposed to the doctrine, Dr. Webb looks upon croton-chloral, when properly administered, as a specific. The dose for a child one year old is one grain every four hours, from six to twelve two grains, but adults seldom can stand more than four grains. It should be given regularly at stated intervals; at first both night and day, at the end of a week only in the day.

Dr. John A. Octerlony, of Louisville, made the report of the Committee on Dermatology. Very briefly, the author remarked upon the steady increase of knowledge concerning skin affections, made by microscopical investigations; citing first the discovery of a fungus by A. Von Hebra, which has hitherto escaped detection; it is quite small, seldom rod-shaped, has no organs of fructification, is symmetrical in its distribution on the neck, bend of the elbows, and popliteal spaces. The affection it produces is likely to be mistaken for eczema. It does not affect the hairs, does not occur in rings, and runs a very chronic course. It must first be subdued by soothing applications, and afterwards treated by parasiticides. Emile Vidal describes a "microscopon dispar" found in ptyriasis circinatæ et marginatæ; their characteristics are diminutive size, variation in volume, circular arrangement, scarcity of chains of spores, and absence or great rarity of mycelium. It never has been known to occur in a person past forty years of age; affects the face and beard, but not the hair follicles; does not appear to be contagious, and is speedily removed by means of the usual antiparasitic remedies. That leprosy is a disease of parasitic nature has been clearly demonstrated.

The writer referred to an article by Sarah E. Post, M. D., entitled "Cutaneous Irritation," in the New York *Record*, showing the effect upon the pulse of general cutaneous faradization. No application of the results arrived at was made, however. The author discussed the subject of isolation after attacks of contagious eruptive fevers. For small-pox, scarlet fever, measles, and diphtheria, isolation should not be shorter than forty days, and for chicken-pox twenty-five. The patient should be thoroughly bathed, and the clothing worn subjected to a temperature of 194° F., and to sulphur vapor.

Professional opinion still remains divided as to the effect of malarial miasm in the production of acute diseases of the skin. Herpes, however, is regarded by Verneuil and Meklen as one of the common manifestations of malarial poisoning.

The therapeutics of diseases of the skin have been enriched by various new remedies, perhaps the most important of which is naphthol. Its most favorable effects in the hands of the writer have been secured in scabies. No preparatory treatment has been required. It does not soil the clothes, causes no irritation of the healthy skin, and a single application is sufficient to effect a cure. The following is the formula given by Kaposi:

℞.	Axangiæ vel unguenti mollis,	100 parts.
	Saponis viridis,	50 "
	Naphthol,	15 "
	Cretæ preparatæ,	10 "

In children, the naphthol may be reduced to 10 parts.

Rub the ointment briskly into the parts, powder starch over the surface, wrap the patient in flannel, and a cure results in 24 hours.

The author spoke highly also of the various oleates, which have proved themselves worthy of continued favor at the hands of the profession. Boracic acid, salicylate of soda, and powdered er-

got, were each highly extolled. Immersion in hot water of the affected parts to relieve the intense itching accompanying certain skin affections was warmly spoken of. By this means a good night's sleep may be secured to a patient who would otherwise have to endure many hours of most uncomfortable unrest.

Dr. W. H. Wathen, of Louisville, exhibited a case of curved hollow needles, consisting of five, made to fit in one handle, each constructed for the purpose of introducing silver sutures. The instrument is adapted particularly to operations upon the perineum, vagina, and cervix uteri, as well as in laparotomy. The whole case resembles somewhat those manufactured by Tiemann and Sherer, but differs in that the needles can be much more expeditiously changed when such changes are necessary in the course of an operation. Advantage is also gained by the curve of the needles, which resemble somewhat "half-of-the-first-curve-of-a-corkscrew," enabling the operator to reach parts which would otherwise be inaccessible.

PROCEEDINGS OF "THE COLLEGE OF PHYSICIANS OF PHILADELPHIA."

Sewer Gas, and its Alleged Causation of Typhoid Fever.

BY GEORGE HAMILTON, M. D.

[Read March 7, 1883.]

(*Continued from page* 429.)

Trousseau did not rashly, as often happens, declare his opinions on this point. His opportunities for the study of typhoid fever in Paris were abundant, yet he was not satisfied with these, knowing, as he did, that the rural practitioner, having personal intercourse with nearly every family within a limited range, and consequently having superior advantages for observing the first outbreak and the progress of disease, would be most capable of arriving at a knowledge of its origin, whether from local or general agencies, or from contagion. To this source of information he often recurred, either by letter or personal interviews; and endowed, as he was, with an eloquence brilliant and comprehensive, a marvellous power of observation, and logical acumen, it is not strange that in life he was, and yet remains, in the first rank of philosophic medical authorities.

In illustration of the above statement, my own experience may here be alluded to. Leaving Philadelphia in the autumn of 1834, a location was chosen at a distance of thirty miles from the city, between Wilmington and Kennett Square, seven miles distant from either, and about eleven from West Chester. The surrounding country was hilly, abounding in springs of fine water. Bilious remittent and intermittent fevers prevailed at this time, and for a few years after, in Philadelphia, to an extent that has not since occurred. The remittent form only held possession of this rural section, and before the frost of November put an end to the disease, as it always did, the statement of Dr. Joseph Parrish in regard to its prevalence and fatality in the country was fully confirmed in my own experience. After five or six years, bilious remittent was supplanted by typhoid fever, and it would be inexcusable did the writer neglect to cite two or three instances of this malady, of marked importance in relation to its origin and development. A wealthy farmer had sent a son on business into Maryland, forty miles from his residence. After an absence of several weeks he was brought home affected with typhoid fever, and, in succession, the father, two other sons, two daughters, and a colored servant, were attacked, all severely, except the servant, the mother alone escaping the disease. An attendance lasting nearly four months was required, and, although three of the patients were in great danger, all recovered. In another family of seven persons, four were prostrated; one, a young man of eighteen years, dying from perforation. In this instance, again, the disease did not originate on the premises. The mother, the first attacked, had been absent from home assisting to nurse a relative, at a distance of several miles from her own residence, to which she was brought unwell, and thus communicated the disease to the others. Many physicians, perhaps all professed sanitarians, are in the habit of expatiating upon the great and unnecessary prevalence of what they call filth diseases—typhoid fever, scarlet fever, and diphtheria, in the large cities—and seem indisposed to turn their attention to the country until reminded, from time to time, of the ravages of these same diseases in rural sections, greatly exceeding, in proportionate number of cases, violence, and fatality, what is to be found in cities. Yet the sanitarian, or the inexperienced practioner, fertile in expedients, soon discovers the sources of their origin in decomposed vegetable matters in cellars and elsewhere, or in water and milk contaminated by the requisite family outhouse; while the attending physician, though upon the spot, cannot, unless in exceptional cases, find any rational ground for these necessitated conjectures.

But, in this connection, let us revert to the condition of agriculture and husbandry in regard to household, dairy, and stable economy half a century ago. At this period, agricultural journals, or other works pertaining to those subjects, were scarcely known; whilst, for many years past, they have been disseminated over the land, throwing a flood of light upon all that concerns agriculture and husbandry, the good effects of which are now visible on every side. It might here rationally be asked, What was the state of the country at the early period named, and was there not much more typhoid fever than has since occurred? On the contrary, typhoid fever, and also diphtheria, were almost unknown at that time, while bilious remittent, not generally regarded as a filth disease, prevailed, and so continued until about five years before the return of the writer to Philadelphia in 1845. As before intimated, a sharp frost or two would arrest the progress of bilious fever; not so in regard to typhoid—on the contrary, one of the worst invasions of the disease continued throughout the winter and early spring, and this peculiar and important feature finds its counterpart, not seldom, in this and other cities, where, independent of the agencies of warmth and moisture in promoting the decomposition of animal and vegetable matters, and evolution of gas, the disease has prevailed in an aggravated form.

In the writer's experience it did not often happen that either typhoid or remittent fever prevailed extensively in two consecutive years. In this respect it resembled dysentery, raging with a fatality this year unseen in the city, whilst during the following season very few cases would appear—the local conditions in either case presenting no perceptible change.

An important point in the history of typhoid fever, as it occurred in the country, was, that if the disease once appeared in a farm-house, it would, as a rule, attack more than one of the members of the family before leaving it, and this, too, when the physician knew of no other case within a mile or more of the afflicted family. Now this is in entire accord with the admitted contagiousness, under certain conditions, of typhoid fever, not only by Trousseau, but by a majority of the most distinguished writers, among them that pre-eminent author and teacher, Austin Flint, Sr. The feature just noticed does not, as a rule, occur in the city, for in an immense majority of cases there will be but one member of a family attacked. Now it has been said by a somewhat noted medical statistician, and concurred in by many others, that if a case of typhoid fever appears in a family, it proves the existence of gas or filth in immediate relation with the residence. This is certainly explicit; but the question is, how happens it that, with such an efficient cause for the first case, it is only occasionally followed by others in the family? But, again, it may be asked, if sewer gas—for this, after all, appears to be the great "*cheval de bataille*"—has not been, and is not yet excluded by even the best plumbing, from the finest houses in this city or New York, and, consequently, that tens of thousands of houses in both cities are in this fearfully exposed condition, how comes it that in Philadelphia, with 900,000 inhabitants, the Board of Health has recently reported but two deaths from typhoid fever in one week, and four in another; whilst diphtheria, said to be due to the same agencies, has prevailed at the same time to an alarming extent? The returns of the Board of Health of New York present similar statistics, showing comparatively fewer deaths from typhoid fever than Philadelphia, but a larger proportionate fatality from diphtheria and scarlet fever. That many physicians neglect to carefully examine these reports is well known, and yet they are the only available and reliable sources of information in regard to the character and movement of disease. If, instead of this reprehensible neglect, a diligent and discriminating examination were regularly made, it would do much to prevent misconception and error in regard to the actual causation of disease, a subject admitted by the most experienced and gifted minds to be one of equal difficulty and importance.

(*To be continued.*)

Editorial Department.

Periscope.

Inheritance of Cancer.

The *Brit. Med. Jour.* says:

In the course of a paper on the Local Origin of Malignant Growths, read in the Section of Pathology at the last annual meeting of the British Medical Association, Mr. Jonathan Hutchinson observed: "It is needful to say a few words as to the inheritance of cancer in its bearings upon the doctrine of its local origin, since an adverse argument has been founded upon it. It has been urged with much plausibility that a disease which is capable of inheritance must be a constitutional one. No doubt, to some extent, this is true; but the argument must not be pushed beyond its legitimate scope. The laws of inheritance, as with property, so with disease, concern convection, and not origin or production. The inheritance of a fortune is a very different thing from its acquisition, and gives us no clue as to how that may have been accomplished. The causes of cancer, as we meet with it in practice, may, perhaps, be usefully classed as three: senility of tissue, local irritation, and inheritance. Of these, only the first two can rank as true causes; the latter, although practically of great importance, is only a mode of perpetuation of that which the other two have originated. Senility gives proclivity, local irritation excites, and subsequently hereditary transmission may perpetuate. The facts, as regards chimney-sweeps' cancer, give perhaps the best illustration of what I mean. Before this malady was practically suppressed by Act of Parliament, I believe it was commonly noted that when the trade of sweep went, as it often did, in a family, proneness to suffer from soot-warts, and for soot-warts to degenerate into cancer, increased in successive generations. Grandsons and great-grandsons were attacked at earlier ages, and with much greater frequency, than those who were new to the trade. Here, then, we observe the liability to a form of cancer, produced in the first instance by a local cause, perpetuated and intensified by hereditary transmission. We witness the genesis of cancer, and see the shares taken by local irritation and inheritance, and how entirely secondary the latter is as regards the former. If we ask what it is which is inherited in the case of the transmission of cancer, probably the nearest approach to an answer which can be given will be to say that it is a peculiarity in cell-structure generally; not germs, not a blood-malady, but a special type of cell organization, permitting, with greater ease than in other persons, the injurious influence of local causes. Even in the

sweep, whose forefathers have suffered from soot cancer, the transmitted tendency still waits for the exciting cause; and the disease occurs, not in internal, and, therefore, protected parts, but on the same part as it did in his great-grandfather, and under the direct influence of exactly the same cause. Not that I would for one moment doubt that, in some instances, the inherited proclivity may be so strong that it does not wait for the help of any exciting causes, but manifests its power in the production of a cancer which may be considered spontaneous. It is probable in this way that we ought to explain almost all cases of cancer occuring in very early life; and it may be a fact that, in a few of these, something more definite than mere tissue proclivity may be transmitted; possibly even germinal matter, especially in those cases in which the parent was the subject of the malady. Thus, then, although I fully admit that in the examination of our patients we must make large allowance for the influence of inheritance, I wholly deny that we can allow it to rank as a true cause of cancer."

The Treatment of Spermatorrhœa.

Dr. H. Coupland Taylor thus sensibly writes in the *Brit. Med. Jour.*, March 24, 1883:

Obstinate cases of spermatorrhœa and frequent nocturnal emissions constantly come under the care of the practitioner. Too frequently the medical man consulted simply tells the patient that, if he break off the pernicious habit of masturbation, which has probably originated his malady, he will soon quickly recover. But in fact, in most cases, the habit has already been abandoned before he comes to seek advice; and these cases do not get well for months or even years afterwards, unless proper measures be taken. Knowing that he has left off this bad habit, and that he nevertheless does not improve, his complaint being made light of by the regular practitioner, and being greatly depressed in mind, he seeks the advice of the quack, who is always ready to benefit by these cases. I will give an outline of the treatment I have followed, and which I have found most successful in several such cases. The treatment should be: 1. Moral; 2. Hygienic; 3. Medicinal. 1. *Moral. a.* The pernicious habit of masturbation, which has probably been the origin of the complaint, must at once be discontinued, or no good can result from any treatment. *b.* The thoughts should be directed from himself by his having regular work and exercise. *c.* The anxiety of mind which ensues should be allayed as much as possible, and a happy state of mind instituted. 2. *Hygienic. a.* The patient should have regular but not excessive mental employment, and bodily exercise in the form of walking, riding, or outdoor sports and games. *b.* Cold sponging of the genitals night and morning for some minutes, or as long as can comfortably be borne, is a most important agent in giving tone to the relaxed organs. *c.* The patient should have a hard mattress, and as little and as light clothing as possible at night. Care should be taken not to lie on the back, which may be prevented by wearing a knotted towel over the spine, or by some other device. *d.* No quantity of liquid should be taken before retiring to rest, and the bladder should be emptied the last thing. 3. *Medicinal.* A mixture containing tincture of perchloride of iron and tincture of nux vomica should be given twice or three times a day: also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor should be given at first every night, and then every other night, immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhœa or simply from frequently returning nocturnal emissions, will steadily improve, and the emission will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.

Sulphurous Acid in Scarlatina Maligna.

In the *British Medical Journal* Dr. Keith Norman Macdonald, after denying the prevalent opinion, that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues: "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all remedial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows: The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red-hot cinder, and diffusing the sulphurous acid vapor through the room, until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark shades which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass permanganatis of the strength of about one drachm to six ounces of water, some of which should be swallowed, if possible.

"In cases presenting a diphtheritic character, the tincture of perchloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's hair brush, several times in a day; but, as in the majority of cases among children it is next to impossible to use a local application more than once; the spray and permanganate solution will then prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children; carbolic acid has the same

fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."

Spontaneous Uterine Contractions.

From the *Lancet*, March 3, 1883, we learn that an extensive series of experiments on the occurrence of spontaneous uterine contractions in the mammalia has been made by M. Dembo, who has communicated an account of his observations to the Académie des Sciences. The observations were made upon 123 animals, and lead to the following conclusions: There are, strictly speaking, no spontaneous contractions of the uterus, but the organ may be readily made to contract by different agents, and the movements which have been regarded as spontaneous are really excited by extraneous influences. The gravid uterus may be made to contract much more readily than the unimpregnated organ, especially under the influence of thermic excitation. In the cow, when one uterine cornu is alone gravid, this contracts much more energetically than the other under the influence of the same stimulation. If the abdomen of an animal is opened with great care, in a room properly warmed, it is extremely rare to see any contractions. If the uterus, or the vesical wall of the vagina, is stimulated by electrical, mechanical, thermic, or chemical agents, the effects observed are as follows: The effect of chemical stimulation of the uterus is almost *nil*. If chromic, nitric, or acetic acid is applied to the wall of the vagina, contractions of the uterus are rarely produced. Mechanical excitation, however, is a powerful stimulant of uterine contractions, whether the uterus is in its normal connections or has been previously separated from the body. Thermic influences, cold and heat, have a powerful effect on the uterus of all animals, and the degree of excitation is in proportion to the difference between the temperature of the uterus, and of the air of the chamber. This thermic excitability increases during pregnancy. Dembo has succeeded in causing the expulsion of a fœtus from the uterus of a rabbit by plunging it into a bath of 45° C., while the strongest faradization failed to produce the same result. As an illustration of the influence of temperature, and the erroneous conclusions to which it has given rise regarding the occurrence of spontaneous contractions, Dembo mentions that such contractions are frequently observed in a rather cool laboratory at Paris, while on a repetition of the observations in the well-warmed laboratory of Stricker, at Vienna, no contractions could be observed, and in a cold slaughter-house the contractions were most energetic and persistent. These observations throw great doubt on the conclusions of Trommell, who has lately demonstrated, as he believes, the occurrence of spontaneous contractions by introducing a tube, and registering the movements by a hæmo-dynamometer. It seems probable that the contractions registered were not spontaneous, but were produced by the mechanical irritation of the tube or of the liquid employed.

Sudden Changes in Color of Hair and Skin.

Before the Academy of Medicine in Ireland (*Med Times and Gaz.*, March 24, 1883).

Dr. H. J. Smyly read a paper on sudden change in the color of the hair of an infant. The child was perfectly healthy to all appearance until he was four months old. He was then attacked with acute inflammation, followed by suppuration, in the left temporal bone, the symptoms being pain, heat, and swelling about the temporal region, with high fever and profuse perspiration; paralysis of the left side of the face (with lagophthalmos) and of the soft palate. One morning in November last the hair on the right side of the head was discovered to have undergone a remarkable change from its original mouse-colored hue to a reddish-yellow. The right eyebrow was similarly affected, and the skin of these parts, as well as that of the right hand, was icteric. The pillow also was saturated with a reddish-yellow perspiration. The abscess, which had formed very slowly, pointed behind the ear, and was evacuated by a free incision. Although the child subsequently became hemiplegic, it made a fairly good recovery. The suggestion offered as to the possible cause in this remarkable change of the color of the hair was that the perspiration, which was of a peculiar color, and probably of abnormal chemical constitution, not only destroyed the original pigment, but also dyed the hair a reddish-yellow color.

Dr. Banks referred to a case which had come under his notice—that of a young woman. Half of the lashes of one of her eyes became snow-white, which she attributed to the annoyance suffered from the persistent gaze of a "wall-eyed" admirer who had white lashes on the defective eye.

Dr. Walter Smith related the case of a boy in whom the skin of the lobes of both ears and that of the back of the neck was of a sulphur yellow, the downy hairs being of a bright yellow, while the hair of the head was brown. The yellow coloring could be readily removed by a moistened cloth, but no washing could decolorize the skin, nor did ether or chloroform produce any effect. He exhibited specimens of the hair. He also referred to a case of red discoloration recorded by Wilson. After relating the case described by Darwin—in which the hair of a criminal brought out for execution turned white in the presence of the spectators—he said he could not agree with Dr. Smyly in ascribing bleaching properties to the perspiration, but did not give any explanation in lieu of it.

The Experience of a Vegetarian.

Dr. T. R. Allison thus records his experience in the *Brit. Med. Jour.*, March 3, 1883:

Last year, about this time, I determined to see how I got on if I abstained from the use of animal food. A year has now elapsed since I have touched fish, flesh, or fowl. When I first started I did not feel that satisfaction which one feels after a flesh meal, and the vegetables tasted insipid; in fact, I had to use sauces and pickles to get them down. Time gradually used me to my diet, and now I can eat them just as they are cooked. I have lost all desire for the condiments,

such as sauces, pickles, spices, mustard, and pepper; salt I use in small quantity. My taste for alcoholic liquors has also gone, and, with it, my liking for tobacco. I was costive as a rule until I took to vegetable diet, and, during my trial, I have been constipated only once. For the period of a month I was traveling, and could not get my brown bread, and so my bowels did not act so well; but a return to my whole meal bread soon cured that. I am fond of mental work, and I find that I can do more work on it than on a mixed diet. I have not had a bilious attack or sick headache since taking to it. Rheumatic pains flitted about my joints, and I was afraid of rheumatic arthritis setting in; but three months sufficed to rid me of these. My urine used to be loaded with lithates, but the sediment went in a fortnight's time, and I have not seen a deposit since. My renal secretion often has a sweetish smell, and sometimes a smell of roast meat. There has been no decrease in my bodily powers, and I can run and take exercise as well as ever. I have gained seven pounds in weight during my experiment. My senses are acuter, especially those of taste and smell. My sexual passion has moderated, and is not so violent as on a mixed diet. I have a good flow of animal spirits, and am very rarely depressed. I do not eat more food on my new diet than I did as a mixed feeder. Breakfast consists of brown bread, apples, and a cup of coffee; in summer, I have lettuce instead of apples. Dinner is usually composed of two vegetables, brown bread, and a pie or pudding. For tea, I have a cup of milk and water, bread, and jam. Supper, when taken, is bread and jam, cold pudding, or boiled onions. Eggs, milk, butter, and cheese, I use only in moderate quantities.

Occlusion of the Inferior Vena Cava.

Before the Academy of Medicine in Ireland (*Med. Press*, March 21, 1883).

Dr. F. W. Warren read a paper on the subject of occlusion of the inferior vena cava, illustrating his remarks with a rare case in which the inferior cava was completely occluded by a calcareous tumor, about the size of a bean, growing by a narrow pedicle from the great Eustachian valve. The tumor completely obstructed the vein at the caval opening of the diaphragm, and was adherent to the lining membrane of the vein. The specimen was taken from the body of a male, æt. twenty-two. During life, both lower limbs, the front of the abdomen and the anterior aspect of the thorax, were covered with a close network of varical veins—the head, neck, and upper extremities being perfectly normal in appearance. The patient stated he had these enlarged veins as long as he could remember. He was otherwise perfectly healthy, there being no œdema, no hemorrhoids, no albuminuria; but he died unexpectedly of enteric fever from perforative peritonitis, and he suffered from œdema of the liver from the onset of the fever. A careful post-mortem examination having been made, the principal channels of collateral circulation were as follows: The vena was about the size of the latter vein in health; the superficial compensatory circulation was principally carried on by the superficial deep epigastric veins, with the circumflex iliac veins from below anastomosing with the internal mammary and long thoracic veins from above, the source of blood current being reversed and passing from below upwards. Within the cava, just as it opened into the right auricle, the tumor already described was discerned. The venæ cavæ hepaticæ were not obstructed, as a surgical probe could be passed through them into the right auricle. Dr. Warren was of opinion that the tumor commenced as a fibrinous vegetation upon the great Eustachian valve, and then underwent calcareous degeneration, causing very gradual and finally complete obstruction of the cava. Upon striking the tumor with a pencil or spatula, its stony and calcareous character was readily demonstrated. The tumor did not in any way partake of the character of a thrombus, as it was round, small, isolated, and attached by a narrow pedicle to the valve. Dr. Warren was also of opinion that the tumor was intra-venous altogether in its origin and development.

Transfusion of Saline Solutions in Acute Anæmia.

M. Schwarz, in a memoir published in the *Berl. Klin. Woch*, No. 40, 1882, arrives at the following conclusions after a very careful study of the subject:

Death, when ensuing on hemorrhage, is due principally to cessation of the circulation, and this sudden stoppage is due to the simple disproportion between the size of the vessels and their contents, and not to an exaggerated diminution of the quantity of blood corpuscles.

The first indication then will naturally be to remedy this disproportion.

If ordinary means fail, recourse may be had to a very innocent method, yet one that has proven extremely sure and active; this is direct injection of feeble alkaline solutions (6 per cent.) of chloride of sodium into the circulatory system. The action of this transfusion on cardiac activity, blood pressure, respiration, and all the other vital functions, has shown itself with surprising rapidity in rabbits and dogs who had lost from one-half to two-thirds of the entire quantity of blood contained in the body. The minimum quantity of liquid to be injected in the adult should be about five hundred cubic centimeters. This species of transfusion is also indicated in the serious collapse coming on during operations on the abdomen. Since the above conclusion appeared in the inaugural thesis of the author, five cases of transfusion of chloride of sodium solutions have been reported by Bischoff, Küstner, Kocher and Kümmel.

Mr. Schwarz himself reports the following case: After an operation for the removal of uterine cancer, violent hemorrhage occurred. The woman lost consciousness, the face was cold, skin dry, pupils insensible, heart-beats feeble. One thousand cubic centimeters of solution of table salt was injected into the median vein. The result was prompt and favorable.

Capillary Puncture of the Stomach for the Injection of Liquids.

The *London Med. Record*, February 15, 1883, says that Dr. Iginio Tansini, of Lodi (*Gazz. degli*

Ospitali, August 16), proposes this operation as likely to be often of great service, especially where passing the œsophageal tube is impossible or unadvisable, and where antidotes have to be promptly introduced into the stomach. Gastrotomy is always a serious operation, while puncture by a capillary trocar he has proved by experiments on animals to be harmless. From his studies on the dead body he believes that it is practicable, even with the stomach empty and retracted. Labbé says that the anterior surface of the empty stomach is directly accessible in a triangular space, whose base is below and corresponds to the great curvature (or to the transverse line which joins the cartilages of the ninth ribs); and whose margins are: to the right, the left lobe of the liver; and to the left, the margin of the false ribs. Tansini introduces the trocar about 6½ centimètres from the xiphoid apophysis on the left, near the costal margin, the trocar being directed slightly towards the diaphragm. For greater security, when the stomach is pushed against the diaphragm, he introduced the trocar in the eighth left intercostal space, close to the sternum. He owns that the introduction of a trocar through the abdominal and intercostal parietes into an empty stomach is uncertain; the risk is run of either not penetrating the stomach at all, or of penetrating too deeply. He therefore recommends an incision to be made 3 centimètres along the left costal margin, the centre of the incision to be about 6½ centimètres from the xiphoid apophysis. Thus the anterior surface of the stomach may be exposed and seen to be uncovered by the left lobe of the liver and colon, and if this last be in the way it may be pushed down, and the trocar then introduced.

Reviews and Book Notices.

BOOK NOTICES.

An Introduction to the Study of Organic Chemistry. By Adolph Primer, Ph. D. Translated and Revised from the fifth German edition by Peter T. Austin, Ph. D., F. C. S., etc. New York: John Wiley & Sons, 1883, clo., 8vo., pp. 403. Price $2.50.

Organic chemistry is a confessedly difficult branch for beginners, and Dr. Austin, in translating this clear and well-arranged text-book, has done a good service to the cause of chemical science. The author is Professor of Chemistry in the University of Berlin, and as a practical instructor of long experience, he knows just how to present the difficulties of his subject in such a way that they will be the least formidable to students. The translator, as he tells us, has preserved the easy lecture style of the original, and has also introduced the more important recent discoveries in organic chemistry.

The manufacture of the volume is satisfactory in all respects, and the excellently-arranged and full table of contents and index merit great praise, and are examples of what all scientific works should be provided with.

First Annual Report of the State Board of Health of Indiana. 1883.

Sixth Annual Report of the Board of Health of the State of New Jersey. 1882.

The Indiana Board presents an interesting volvolume both for those in and out of the State. Of the special articles it contains, we may mention one by Dr. Lomax on the epidemic, endemic, and contagious diseases in the State in 1882; on sewers and drainage, by Dr. J. W. Compton; the Relation of Sanitation to Christianity, by Dr. Geo. L. Curtis; on the Adulteration of Food, by Dr. W. W. Vinnedge; on the surface geology, topography, and sanitary survey of Indiana, by Dr Thad. M. Stevens, the efficient Secretary of the Board, and various statistical tables.

The New Jersey report discusses such subjects as the disposal of town and city sewage; smallpox and vaccination; health foods, invalid foods, and infant foods; local boards of health; local sanitary inspection; charitable and penal institutions, and such topics, all by competent hands and in a satisfactory manner. There are also climatological records, vital statistics, etc.

Students' Guide to Diseases of the Eye. By Edward Nettleship, F. R. C. S. Second American, from the second English edition, with a chapter on "Examination for Color Perception," by William Thomson, M. D., etc., Philadelphia. H. C. Lea's Son & Co. Clo. 8vo., pp. 416.

This manual appears to have met with as favorable a reception in America as in England, and in the present edition both the authors have endeavored to merit the continuance of its popularity by a close revision of the text. New matter has also been added, and the volume is neatly printed and fairly illustrated.

An Index of the Practice of Medicine. By Wesley M. Carpenter, M. D., etc., New York. Wm. Wood & Co., 1883, 8vo. pp. 104.

We cannot see the value or the place of this book. It is merely an abbreviation of the textbooks on practice, intended apparently to be carried in the pocket, and with an inter-leaved edition for those who want to make notes. The author says that it is intended as "an aid to the practice of medicine." Any practitioner who needs it had much better take down his sign, and go to some honest means of getting his living, as he should have learned its contents before he had received his diploma.

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CHRONIC INVERSION OF THE UTERUS.

While occasionally seen, yet complete chronic inversion of the uterus is an affection so comparatively rare, and one about which there is so apt to be confusion in diagnosis and serious error in treatment, that it is well for all physicians to be warned, lest they may some time unwittingly amputate a uterus when they think they are only removing a polypus.

This has been done by some of the most eminent obstetricians, and would have been done recently by Dr. B. F. Clark, of Cincinnati (who reports the case in the *Cinn. Lan. and Clin.*, March 31, 1883), only, luckily, while tightening it, the wire of the ecraseur broke, and a further examination revealed inversion. Upon the first examination, Dr. Clark found a tumor one and a half inches from the vulva, movable, soft, easily indented, and not painful; vagina small, and filled with clotted blood. On October 17th, efforts were made (under anæsthetics) to reduce the uterus. No progress. The manipulations were bi-manual, per rectum and vagina, while the tumor was steadied with the hand on the abdomen. Six subsequent efforts proved nearly futile.

In the meantime the vagina was packed with carbolized tampons of glycerine and cotton. On January 25 he succeeded in making quite a depression in the fundus, and finally on the next day he crowded his finger into the depressed portion (Nœggerath), brought the fundus down, and by a sudden movement upward (as suggested by Thomas) reinverted as far as he could reach. He then introduced a sperm candle, previouly prepared, and carried the fundus home, as it were. No anæsthetic was used; was not longer than twenty minutes; the cavity measured two-and-a half inches. There was a left lateral displacement, abdominal and rectal touch; the sound in the bladder proved the uterus in situ.

Dr. Clark considers the best time to make reduction is in the interval between menstruation, though in the discussion which followed the reading of his paper in the Academy of Medicine, it was contended by some that during and immediately

after the menstrual epoch the parts were more flaccid, and could be more readily reduced. The cause of the inversion was traction on an adherent placenta.

This case is instructive.

1st. In that it shows how readily an error of diagnosis may be made in these cases, and how serious might be the results; and,

2d. In that it demonstrates how much can be accomplished by patience and perseverence.

THE MICROCOCCUS OF ERYSIPELAS.

Whether worthy of it or not, so high an authority as the *British Medical Journal* gives its adherence to the claim of Fehleisen (of Berlin) assistant to Prof. Bergmann, that he has demonstrated a causative micrococcus of erysipelas.

He has found them in abundance in small portions of skin excised from the diseased part in patients suffering from erysipelas.

To prove that their presence was not merely accidental, he cultivated some small excised pieces of skin on gelatine, after having carefully disinfected the affected part, and succeeded, after two months, in producing fourteen generations, with which he produced true erysipelas in eight out of nine rabbits which he inoculated.

He also inoculated seven men with the pure and cultivated micrococci; six, after a period of incubation varying from fifteen to sixty hours, showed typical erysipelas, running the characteristic course. As he succeeded in successfully inoculating several cases after a period of a few months, it appears that if there be an immunity against a second attack of erysipelas, that immunity is, in most cases, only of short duration.

A three per cent. solution of carbolic acid stopped the growth of the micrococci after a contact of forty-five seconds, while the same effect was produced in fifteen seconds with a one per cent. solution of corrosive sublimate, which would seem to indicate these articles as excellent local applications, if the disease is really due to these micrococci. But is it? The bacterial origin of disease is a fascinating and attractive one, and unless we have a care it will run away with our reason, as many similar theories have in the past with some of the greatest minds.

Fehleisen's experiments are very strong ones, and we shall look with interest for more on the subject.

THE PERITONEAL UTERINE SUTURE IN CÆSARIAN SECTION.

The great drawback to success in Cæsarian section has always been the gaping of the uterine wound, allowing the lochial and other discharges access to the peritoneum.

With a view to obviate this danger, the *Med. Times and Gaz.*, January 27, 1883, tells us that Dr. Leopold, of Leipzig, describes a successful case of Cæsarian section in which he adopted a new method of suture. "This method was, in principle, suggested to him by Sänger—a paper by whom, 'in defence of the classical Cæsarian section,' appears in the same number. Sänger's paper is largely devoted to criticising the suggestions of Kehrer, which we noticed in our number of October 14, 1882. The method of suture adopted by Leopold is based on the principle upon which ovariotomists act, and at which Mr. Spencer Wells arrived by those few experiments upon animals for which he has been so much abused in anti-vivisection pamphlets, and has so needlessly defended himself. That principle is the bringing together, in closing abdominal wounds, surfaces of peritoneum. To do this in closing the uterine wound, Dr. Leopold dissected up the peritoneum bounding the wound from the muscular tissue underneath to the extent of about one-fifth of an inch at the upper and lower angles, and rather more than one-third of an inch along the sides. Then he cut away the whole thickness of muscular tissue from which the peritoneum had been thus stripped. The freed peritoneum was then turned inward so that it covered the edges of the wound, and was united with carbolized silk sutures, so that the surfaces of introverted peritoneum were brought into contract. The patient, as we have said, did well. One successful case of course proves little; but, as an attempt to solve a difficult problem, this seems to us worth notice."

WAIFS OF PARIS.

After the age of sixteen years, children abandoned by their parents, or left without family, have no right to receive any aid or help from the municipal bureau de l'assistance publique at Paris. Consequently, these children form a class living without shelter, advice or instruction; sleeping under bridges or in the open fields, and depending on mendicity or robbery for their daily bread.

These "enfants moralement abandonnés" have received particular attention during the administration of the last Director of Public Charities, M. Quentin, and through his efforts, ably seconded by M. Thulié, their condition has undergone considerable amelioration.

All such children are received and submitted to a period of probation, and those who are found already too vicious, are eliminated.

The others are either placed out to learn a trade, or are sent to one of two institutions which have been created for their benefit. One is a large farm where thirty boys are received and taught gardening, horticulture, etc.; in the other, a larger institution, about one hundred are received and taught cabinet-making, etc. The results obtained have been excellent; the boys, taken from misery and squalor, appear well contented with their lot. The expense at the farm amounted to but $9,000 for the year, and almost $2,000 were received for vegetables and flowers. At the other institution the boys remain four years, and after a short time earn almost enough to pay the expense incurred in their maintenance. From January 1, 1881, to June 30, 1882, 1,151 of these children were received through the police or from their parents; of this number, 178 were eliminated as already too vicious or subject to chronic disease.

SPECIAL CERTIFICATES IN STATE MEDICINE.

The question of the advisability of instituting examinations and granting special certificates of proficiency in the subject of State medicine is under consideration by the Fellows of the Royal College of Physicians of London, and its propriety is strongly advocated by the *Medical Times and Gazette:*

Its importance cannot be overestimated, and it is a pity that our leading reform institutions of medical instruction in this country do not so consider it.

Of what use will sanitary legislation prove, unless we have educated sanitarians to carry out the enactments? And how can we have intelligent sanitarians, unless we properly educate them, which at present we do not? Our sanitary system in this country is very deficient, and it is because the people and even the profession do not thoroughly realize its importance, and the progress the science has made in the last few years. Sooner or later we must (and the sooner, the better) recognize hygiene as a *regular* branch of medicine, and teach its principles as we now do the practice of medicine and therapeutics; why delay these halcyon days?

We have referred to this subject before, and we must again repeat we will never have efficient sanitary legislation nor competent sanitary officials generally until our leading medical institutions see fit to make Hygiene a part of the regular winter curriculum, and examinations in this branch a requisite to graduation. Why does not some philanthropist immortalize his name by endowing a chair of Hygiene?

CASTOR OIL AND GLYCERINE.

Dr. William Soper claims that glycerine increases the purgative power of castor oil when given with it. A preparation combining but not mixing these two is active in teaspoonful doses.—*Lancet.*

The above is abstracted from the *Med. Record* for March 17, 1883. It is not necessary for us, here in Philadelphia, to refer to the English literature for this well-known fact, that is taught in our medical schools, and is known by the "tyro."

The following may be found in the Pharmacopœia of the Hospital of the University of Pennsylvania, and is, we believe, Prof. H. C. Wood's formula:

Mistura Olei Ricini.

℞.	Ol. ricini,	
	Glycerinæ, āā	f. ℥ j.
	Ol. menthæ piperitæ.	gtt. iij.
M.		

Notes and Comments.

Extirpation of the Spleen in Men and Animals.

To decide what possible danger a person incurs whose spleen is extirpated for some cause or other, Dr. D. G. Zesas (Arch. f. klin. Chirurg., xxviii., p. 157) performed this operation on six rabbits, always under strict aseptic precautions, and invariably resulting favorably. The animals were killed respectively four and seventeen weeks after the operation, with the exception of one, which at the time of the writing of the report by the author, was still "alive and kicking." The post-mortem showed an enlargement of all lymphatic glands and of the liver, corresponding in size to the length of time the animal had been permitted to live; *i. e.* the longer the duration of life after the operation the greater the increase in size of these glands, and vice versa, a fact which may easily be explained, if we imagine that after the extirpation of the spleen the system endeavored to accommodate itself to the new condition, and other glands enlarged and took up the function of the lost organ. Two examinations of the blood, instituted four and eight weeks after the extirpation, showed the first time a diminution in the number of the red corpuscles, the second such a one of the white corpuscles. In conclusion, the author publishes all known cases of extirpation of the spleen in men, viz., seven on account of morbid lesion of the organ (†3) and twenty where the organ had been extirpated because in consequence of penetrating wounds of the abdomen it was found more or less outside of the abdominal cavity. Later he adds three more cases, and Dr. O. Güterbock, who refers to Zesas' experiments in the Centrlbl. f. d. Med. Wiss., 48, '82, page 880, adds the case of C. Martin, that also had a favorable issue.

Recurrent Hæmatinuria.

Dr. W. Jones Morris considers a case which he has had sufficiently unusual to warrant its publication in the *Brit. Med. Jour.*, March 24, 1883. In 1877, a boy aged ten, who was suffering from partial suppression, albuminuria, and slight puffiness under eyes, but with no pain in back and no evidence of derangement of the chylo-poietic viscera, was treated for suppression; but, before the kidneys returned to their normal action, he had a convulsion. A few days subsequently his urine became very dark, sp. gr. 1022, containing some granular matter, oxalates, and one or two faint granular tube casts, but no blood corpuscles. After three days a most extensive crop of petechiæ appeared on the legs and thighs, but none on the body. After their appearance the urine began to regain its normal color. These attacks were repeated four times, at intervals of four weeks, and no medicine had any effect, until chloride of ammonium in five-grain doses four times daily was used, after which he had only one attack. In June, 1878, it is noted that he is as well as ever, and urine normal.

Note, January, 1883.—This lad has been in good health ever since, and follows the precarious occupation of a sailor; but, notwithstanding the inclemencies incident to his vocation, he has not had any return in any degree of the symptoms detailed.

The etiology of hæmatinuria seems wrapped in much doubt—derangement of chylo-poietic viscera, ague, changes in the blood, all being assigned as causes. The relief from the urinary symptoms upon the appearance of petechiæ would lend color to the last cause.

Treatment of Apoplexy.

At a recent meeting of the Soc. de Therapeutique (February 14), M. Guyet reported a case which provoked considerable discussion. He was called to attend a patient, whom he found in a state of coma, with marked stertorous breathing, contracture of the lower limbs, and a flaccid condition of the upper. Under these conditions he considered himself justified in bleeding, but hardly a wineglassful of blood had been taken when the patient sank into syncope and died.

In the discussion M. Dujardin-Beaumetz considered first the causation of apoplexy. It is due either to cerebral congestion, or hemorrhage, or to cerebral anæmia.

In cerebral hemorrhage or anæmia, almost impossible to distinguish in practice, and both resulting from vascular lesions, bleeding is contraindicated. Bleeding to arrest hemorrhage should logically be pushed to dangerous syncope; otherwise it is useless.

In anæmia, bleeding is irrational, and has no influence on the vascular lesions, and the arterial obstructions which are the dominating cause in production of the derangement of cerebral circulation. In the rarer cases of sudden cerebral congestion, bleeding would perhaps be admissible.

M. Constantin Paul believes that bleeding may be of service in apoplexy, not as affecting the cerebral lesion, but as acting on the apoplectic condition, on the asphyxia and stasis of blood in the veins. He has seen the condition of such patients very markedly improved, particularly

where the apoplectic condition followed epileptic convulsions.

Chloral Hydrate as a Vesicant.

Dr. F. D. Ritter (*N. Y. Med. Jour.*, March 24, 1883) says: "Some three years ago I accidentally discovered that when powdered chloral, sprinkled upon ordinary adhesive plaster and melted by a gentle heat (not more than enough to cause the plaster to adhere to the flesh), is applied warm to the part where the blister is wanted, within three minutes a gentle heat is felt, increasingin intensity for about three minutes more till it is like a burn, then gradually easing off, until, at the end of ten minutes, the parts feel free from pain. The secondary effect is soothing; in some instances, within half an hour a second burning is felt, though not so intense as at first, nor so lasting. If, at the end of ten minutes, or as soon as pain has subsided, the plaster is taken off, the surface is found as effectually denuded as by a cantharidal plaster after six hours, though the discharge is not so great. Thus within ten minutes the work of an old-fashioned blister is accomplished; and the great advantages of the chloral plaster over the cantharidal are: 1st. Its rapidity of action, thus relieving pain, and producing the counter-irritation upon an engorged organ before the congestive action has had time to pass into more than the congestive stage; 2d. Its ease of application; 3d. It need never be taken off to have the blister dressed, but the original plaster may remain until the sore is entirely healed, and the plaster loosens and comes off of itself."

Transmission of Diphtheria from Children to Fowls.

Dr. L. Roth, of Kissengen, reports a violent outbreak of diphtheria among a barnyard of fowls, which he attributes to infection from children, some of the poison being mixed with the sweepings of the room and thrown into the yard. The *Med. Press*, March 21, 1883, commenting on this, says: "Such an observation as this is very interesting, and seems to bear out some of the statements of Herr M. Wolff in a paper "On a Widespread Brute Mycosis." In it he drew attention to the infectious diseases of domestic animals, which clinically and anatomically run a course exactly similar to those of human beings. He mentioned the fact that anthrax was met with in fowls, geese and ducks, and caused the same phenomena as when its habitat was the mammalia. He also mentioned another devastating mycosis prevalent amongst domestic birds, that bore a complete analogy to diphtheria (*vide* Dr. Roth's observation). Yellow and white-yellow membranes were developed upon the most diverse mucous membranes, having all the characteristics of human diphtheria, so that it could not be removed without causing bleeding. A third disease that had its analogue in man was ulcerative endocarditis, that runs its course with the same valvular changes and multiple emboli in the various organs as in man.

Ulceration and Perforation of Intestines.

The medical literature of to-day contains an alarming number of reports of sudden and unexpected deaths, where the autopsy reveals ulceration and perforation of the intestine. The following case reported by Mr. Lentaigne in the *Med. Times and Gaz.*, March 24, 1883, serves as a type. A man of thirty entered the hospital on December 6th last, complaining of cough and debility. No evidence of organic disease could be found on a careful examination. Pulse and temperature were normal, and lungs sound. After a few days, feeling perfectly well, he was discharged. On December 11th, after leaving the water-closet, he was suddenly seized with symptoms of intestinal obstruction, which continued until the 14th, when his bowels were moved by enema, and he seemed better. Two days later the symptoms returned, and he died on the 19th. The ileum was found to be ulcerated in its lower part, and perforation had taken place through the floor of one of the ulcers. There were signs of peritonitis, and a large collection of purulent putrid matter. No mention is made of tubercular deposits, but it seems plausible that such deposits, undergoing ulcerative degeneration, might account for the phenomena.

Larvæ of Flies in the Human Intestine.

While as a rule no insect, properly so called, has ever been proved to take up its abode in the human alimentary canal, their presence, when they are found, being accidental, as being swallowed on a piece of meat upon which the eggs have been deposited, yet occasionally larvæ give trouble. Dr. Wacker, of Landsberg, in Bavaria, has published in the *Ærztliches Intelligenzblatt* the case of a boy aged 21 with colicky pains, fullness in epigastrium, constipation, and frequent fits of nausea and tendency to syncope, especially when in a close atmosphere, such as that of his cottage or a stable. Dr. Wacker prescribed one-eighth of a litre of Hunyadi János water, to be taken every morning on an empty stomach. On the third day

a vast mass (over two litres) of larvæ, partly alive and partly dead, was passed from the rectum. The patient at once recovered, feeling no more unpleasant symptoms, even when in a hot room. On examination, the grubs were found to be larvæ of a common dipterous insect, *Anthomyia cuniculina*, closely allied to the house-fly and blue-bottle.

Thrombosis in the Thoracic Duct.

Thrombosis in the thoracic duct has so far been observed in cases of tuberculosis only, and was then caused also by tubercles only, so that one could hardly speak of true thrombosis, though, anatomically speaking, the same lesion exists. Dr. U. Hilling has lately observed six such cases, and publishes them in Virchow's Arch. lxxxviii., p. 111. In each case there was tubercular inflammation and thrombosis in the thoracic duct, and five of them were met with in cases of general miliary tuberculosis, and in far-advanced age. In children who died of tuberculosis of the intestines, the morbid lesion just mentioned has never as yet been met with. In older persons, cheesy or tubercular foci were found only in two such cases. It seems as if the greater elasticity and vitality of the duct in young persons were obstacles to this form of thrombosis. When it does happen, the most rapid emaciation—a very natural symptom—is immediately noticed, besides the well-known peculiar sensation in the back.

A New Method of Treating Ulcers with Large and Slowly Separating Central Sloughs.

Dr. B. A. Whiteledge thus writes in the *Medical Press*, March 21, 1883: In these ulcers the slough remains frequently as a hard, white mass, very slow and tedious in separating from the subjacent tissue. There being no chance of healing while this slough remains, it should be removed. Finding the ordinary methods slow in effecting this removal, I was led to try the effect of pepsine as a dressing. I have now used it in some half-dozen cases, and with the most satisfactory results. Within a week it dissolves the slough, and leaves a granulating surface, very amenable to further treatment. My method of using it is to apply a lotion to the ulcer containing pepsine wine, mixed in varying strengths, but usually about half pepsine and half water, with a little tr. of lavender to improve its appearance.

Trephining for Insanity.

In 1863, a child was kicked by a mule, and his frontal bone crushed. He recovered with a deep depression. Thirteen years subsequently he commenced to suffer with pain in the wound and occasional dizziness, and four years later became subject to periodical attacks of insanity. In June, 1882, Dr. J. P. McGee, who reports the case in the *Miss. Valley Med. Monthly*, February, 1883, trephined and removed a disc of bone from the under surface of which an exostosis projected through the dura mater. The pain immediately vanished, and has not returned, and on January 29, 1883, it is noted that the attacks of insanity are growing gradually less frequent and less severe.

The opening in the skull, left by the removal of the disc, is firmly filled with osseous substance, and he has no sensation to remind him that his head was ever hurt.

Chloroform Water in Gastric Irritation.

It is well known that washing out or lavage of the stomach with liquids containing a certain proportion of alcohol is of advantage in chronic diseases of this organ, such as cancer, catarrh and dilatations.

M. Bianche, in *Lo Sperimentale*, November, 1882, recommends, to prevent fermentation, an aqueous solution of chloroform.

In three cases, one of cancer of the stomach, another of catarrhal gastritis with dilatation, and the third of chronic gastritis, he introduced daily, by means of a stomach pump, a quart of chloroform water, leaving it in the stomach from a few seconds to some minutes.

Instead of irritating the gastric mucous membrane, the chloroform solution augments the secretion of gastric juice, and even when it is absorbed is not toxic in so feeble a dose.

Two Cases of Perforation of the Œsophagus.

In *Centralb. f. d. Med. Wis.*, February 24, 1883, Klaar reports these two cases:

1. A woman, aged 32, swallowed a piece of bone, and an attempt was made to push it down into the stomach. Severe pain in left half of the chest resulted, and death occurred in a few days, with symptoms of pneumothorax. The autopsy revealed a perforation of the œsophagus, with consecutive pleurisy and pneumothorax.

2. A man, aged 41, swallowed a small piece of wood which was enclosed in a sausage; the fragment remained in the œsophagus, and in fourteen days death resulted from severe hemorrhage from the mouth and anus. The autopsy showed that the splinter of wood had been arrested in the œsophagus at the level of the bifurcation of the trachea, and that one end had perforated the aorta.

Cultivation of the Soil vs. Malaria.

It would seem from the crucial test of experience that cultivation of the soil of malarious localities is not only the most influential, but really the only means of eradicating the poison. A new proof of this fact comes from the Abbey of the Tre Fontane, in the Roman Campagna. At first the monks were obliged to live within the city walls during the unhealthy season, but since the ground has come under cultivation, and, above all, since the eucalyptus globulus has been planted on a large scale in the neighborhood, the Abbey has been inhabited all the year round, and the fevers from which its inmates suffer are of a mild character, and rarely fatal, while formerly something like a fourth of the community succumbed every year.

Utero-Ovarian Disease in Insane Women.

Dr. Margaret A. Cleaves, physician to the female department of the State Lunatic Asylum at Harrisburg, thus writes in her annual report: "Briefly formulated, my conclusions are that a large proportion of women in insane hospitals have some form or another of utero-ovarian disease; that many of those under treatment make marked mental and physical improvement coincidently with the improved local condition, that in a majority of cases, however, this improvement, owing doubtless to the long standing of the combined physical and mental disorder, only reaches a certain point, beyond which it seems impossible to make further gain."

Etherization in Bright's Disease.

Since our columns have somewhat recently contained a discussion concerning the danger of using ether in cases of Bright's disease, the following will be of interest: Dr. R. Van Santvoord, of New York (*Med. Record*, March 10, 1883), has collected and analyzed all the reported cases of death from this cause, and concludes that while the recorded evidence is not *conclusive*, yet it is highly probable that structural disease of the kidneys furnishes a grave contra-indication to the administration of ether, and that the surgeon ought to be aware of the risk, and sure that the advantages to be gained more than counterbalance the danger.

Vesical Calculus with a Catheter for Nucleus.

A man suffering with stricture for many years had a No. 1 catheter introduced, and was allowed to walk home with it in situ. When he arrived the catheter was missing; it had slipped into the bladder. Six months subsequently symptoms of stone developed, and upon operation the catheter was found as the nucleus of a calculus. Dr. Meldon, who reports this case in the *Med. Press*, March 21, 1883, points the moral that we should never allow a catheter to remain in the urethra unless it is securely fastened.

Reposition of Inverted Uterus.

In the *British Medical Journal*, March 24, 1883, Dr. Arthur W. Edis relates a case of complete inversion of the uterus of five years' standing reduced within seventy-two hours by means of Aveling's uterine repositor. Each morning the instrument was removed, and the vagina syringed out with diluted Condy's fluid. Some adhesions between the fundus uteri and posterior vaginal wall were torn through with the finger.

Granulated Milk.

The *Med. Record*, April 7, 1883, says that granulated milk is made by subjecting milk to a temperature of 130° until the watery part has been evaporated. It is then granulated, and sugar is added, when it looks like corn meal. The evaporated milk is not as solid as condensed milk, and when water is added it cannot be distinguished from natural milk.

Drainage of Medullary Cavity.

In a case of chronic diffuse osteo-myelitis of the humerus, Bleckwenn resected the head, and drained the shaft, by trephining the lower diaphysis, and removing the medulla. Recovery, with a useful arm, resulted. The case is reported in *Centralb. f. d. Med. Wis.*, February 24, 1883.

Uræmic Coma Hastened by Morphia.

Dr. E. T. Hubbard, of Madison, N. H., sends to the *Med. Record*, March 10, 1883, the case of a man with Bright's disease, who had suffered with renal colic for fifteen years. He was given half a grain of morphia in the course of an hour, fell into a comatose condition, and died in three days.

Syphilis in the Monkey.

M. Martineau has inoculated a monkey with syphilis. On the fifteenth day mucous patches and constitutional disturbance were manifest. We await further developments.

Resorcin for Chancres.

In the *Ann. de Gyn.*, January, 1883, MM. Lebland and Fissiaux give an account of six cases in which the chancre was brushed over with a solution varying from a weak to a saturated ethereal solution. Rapid healing took place.

CORRESPONDENCE.

Iodide of Potassium Poisoning.

EDS. MED. AND SURG. REPORTER:—

E. B. C., æt. 45, American machinist. Mr. C. presented himself for the treatment of a growth situated on the back to the left of spinal column, and between it and the left scapula. Not being satisfied as to the nature of the growth, I ordered application of an ointment of potassium iodide (℈i–℥ of vaseline) and internally a mixture of the drug, each dose containing about 10 grs.

After taking the first dose in the evening of February 25, 1883, patient exhibited coryza, laryngitis, conjunctivitis, and much œdema of eyelids. Naturally, he supposed he had contracted a severe "cold." The following morning, after having taken another dose, the symptoms rapidly increased in severity until the eyes were nearly swollen shut; the sense of smell being abolished, and dyspnœa so great that respiration was with difficulty continued. I gave him tinct. aconite in small and repeated doses, with diuretics; also ordered mustard to throat over larynx and trachea, and also strong mustard paste to the plantar surfaces of the feet. Then, after placing him in the kitchen, where the atmosphere was charged with steam, I left.

He rapidly improved, and in a couple of days the symptoms of inflammation had nearly disappeared. Then, thinking that I would try smaller doses of the iodide, I began with $\frac{1}{12}$ gr., when the symptoms again reappeared although not in such a severe form. I then withdrew the drug, when the symptoms disappeared.

I will not burden your readers with the progress of the growth, as this is written merely to recall to mind the idiosyncrasy of some patients respecting the iodide. I might state that Mr. C. had previously enjoyed excellent health, having boasted that he had scarcely ever seen a sick day excepting when the subject of "colds."

HORACE R. POWELL, M. D.

Poughkeepsie, N. Y.

Opium Addiction.

EDS. MED. AND SURG. REPORTER:—

In your journal of February 3 is a brief letter from Dr. W. S. Martin, on "The Opium Habit," citing the case of a young man addicted to morphia to the extent of 2 to 3 drs. per week, for more than two years, who, it was asserted, "stopped it at once, without any inconvenience, or the ill effects so usually experienced from its use. Had no effect on him perceivable. Says he feels as well as ever he did in his life, and has from the day he stopped."

During the decade in which we have been giving attention to opium addiction, we have met many habitues, but never such a remarkable young man as this; and feeling convinced that the fellow was lying, we wrote to Dr. M., expressing our *entire disbelief* in his patient's story, even though supported by a sworn statement, unless proven *true* by a *chemical examination* of the young man's *urine*, showing *absence of morphia*.

To this no reply was given.

Dr. Martin closed his letter by saying, "Any light that I can procure on this subject would be gratefully received by me."

Well, the "light" has reached him, and he is a wiser man, for here is the sequel of the Munchausen tale.

A medical gentleman, several years addicted to morphia, who had recovered under our care, wrote to Dr. M., expressing an opinion similar to ours, and received in answer: "Undoubtedly you are correct. I was never more deceived in humanity than I was in this case. I could have taken the young man's word as far as most men's oaths; but he deceived me, for I have taken the pains to learn since that he is procuring the drug from another source."

So endeth the first chapter.

J. B. MATTISON, M. D.

Brooklyn, N. Y., March 31, 1883.

NEWS AND MISCELLANY.

The New Code.

To the Members of the Regular Medical Profession in the State of New York.

GENTLEMEN: Representing a large number of physicians associated to uphold the National Code of Medical Ethics, we beg leave to ask you to consider the importance of the object.

The so-called new code recently adopted by the Medical Society of the State of New York sanctions fellowship by means of consultations with all practitioners who are "legally authorized to practice medicine." This sanction extends to practitioners who have adopted designations intended to distinguish them as belonging to sects apart from, and hostile to the regular medical profession, and who are organized in order to lessen public respect for this profession and for its members. Will you not seriously consider the question whether under the circumstances affiliation by any act with sectarian or irregular practitioners is consistent with a due regard for the honor of the profession, or with a proper self-respect?

The new code has dissevered all connection by representation, of the Medical Society of the State of New York and its auxiliary county medical societies, with the American Medical Association, and also with the state medical societies of the several states of the Union. At the last meeting of the American Medical Association (1882), the Judicial Council decided as follows: "Having carefully examined the Code of Ethics adopted by the New York State Medical Society at its annual meeting in February, 1882 (as furnished by the secretary of said society), the Judicial Council find in the said code provisions essentially different from, and in conflict with, the Code of Ethics of this Association; and, therefore, in accordance with the ninth by-law of the American Medical Association, they unanimously decide that said New York State Medical Society is not entitled to representation by delegates in this Association." The following is the by-law referred to in the foregoing decision: "No state or local medical society, or other organized institution, shall be entitled to representation in this Association, that has not adopted the Code of Ethics, or

that has intentionally violated, or disregarded, any article or clause of the same."

We submit for your consideration that the substitution of the new code for that adopted by the American Medical Association has inflicted upon the medical profession of this State a great injury and disgrace.

It is believed that the recent action of the New York State Medical Society in relation to the code of ethics is not sustained by the sentiments and judgment of the great majority of the medical profession in the State. But, even granting that they who are opposed to this action are in the minority, it must be admitted that the number is very large. The effect of the action of the State Society, if persisted in, will be a division of the profession of the State into two parties. In view of the evils which cannot but follow such a division, and the many advantages of harmony, we appeal most earnestly to those who have been led to approve of the substitution of the new for the National, to reconsider the matter, and we solicit the active coöperation of all who are in favor of the National code, in concerted efforts, to effect, as speedily as possible, a reversal of the action of the Medical Society of the State of New York at the annual meetings in 1882 and 1883.

Communications from societies and individuals who are in sympathy with associations for upholding the National Code of Medical Ethics, and resisting any modifications of that code which do not emanate from the American Medical Association, may be addressed to JOHN H. HINTON, M. D., No. 41 West 32d street, New York city.

ABRAM DUBOIS, M. D.,
J. W. S. GOULEY, M. D.,
WM. T. LUSK, M. D.,
AUSTIN FLINT, M. D.,
JOHN H. HINTON, M. D.,
SAMUEL S. PURPLE, M. D.,
AUSTIN FLINT, JR., M. D.,
SAMUEL T. HUBBARD, M. D.,
T. GAILLARD THOMAS, M. D.

Body Snatchers.

Apropos of our recent excitement over grave robbery, the following will prove of interest. An "old correspondent" sends it to the *Med. Times and Gaz.*, March 24, 1883:

"The following are extracts from my books, Sir. The highest price I paid for a subject from October, 1825, to 1831–32, when the Anatomy Bill came into operation, was fourteen guineas.

"June 1, 1826.—Paid Holliss and Vaughan, for getting a subject from Beccles in Suffolk—a man that Sir Astley Cooper tied the iliac artery on twenty-one years ago. Coach for two there and back, £3 12s.; guards and coachmen, 6s.; expenses for two days, £1 14s. 6d.; carriage of subject and porter, 12s. 6d.; subject, £7 7s.; total, £13 12s. N. B.—A surgeon residing at or near there had watched the case for years, and immediately his death took place wrote to Sir Astley, who sent for or came to me to spare no expense, but at the same time to make an arrangement with the above men to obtain it at the least expense I possibly could. The surgeon gave them every facility to obtain it.

"One preparation in the Museum, the Treasurer's books.

"May 10, 1827.—Paid Mr. Blewett, for Mr. Cooper. Vaughan, Holliss, and Llewellyn (Nottingham), for Mr. Rogers. Mr. Rattenboro, £17 17s. 10½d. Paid Holliss, Vaughan, and Llewellyn, *finishing money*, £6 6s.

"January 29, 1828.—Paid Mr. Cock, to pay Mr. South, half the expenses for bailing Vaughan from Yarmouth, and going down, £14 7.

"1829.—May 6, paid Vaughan's wife 6s. Paid Vaughan for twenty-six weeks' confinement at 10s. per week, £13. June 18.—Paid Murphy, Wildes, and Naples, *finishing money*, by order of Mr. Cooper, £6 6s. November 9.—Two males and two females (Murphy), at £12 12s. each, £50 8s. November 25.—Page, etc., for one male and one female, £25 4s. Ditto, one opened female, abdomen only, £8 18s. 6d.; total, £34 2s. 6d. November 30.—Returned to Vestry Clerk of Newington, by order of the Treasurer, one male and two females, purchased of Page, etc., on the 25th, who had broken open the deadhouse to obtain them.

"N. B.—Sir Astley, great friend to Naples, wants young subjects from two to eight or ten. Coach Sunday morning service (perhaps to observe fresh interments in the burial ground)."

U. S. National Museum.—Lectures upon Materia Medica.

Dr. D. W. Prentiss has been invited to deliver a course of lectures in connection with the department of Materia Medica of the National Museum.

This course, which will consist of eight lectures, will be illustrated by specimens and other material from the collections of the Museum.

They will be delivered at 4 o'clock on successive Saturday afternoons, beginning Saturday, April 7.

These lectures are free. Persons desiring to attend must be provided with tickets, which may be obtained by application through the mail or in person to Mr. S. C. Brown, Registrar of the Museum, at his office in the northwest pavilion of the new building.

SPENCER F. BAIRD,
Secretary Smithsonian Institution,
Washington, D. C.

Astley Cooper Prize.

From the *Lancet*, March 10th, 1883, we learn that the next triennial prize of $1500 will be awarded to the author of the best essay or treatise on "Diseases and Injuries of the Nerves and their Surgical Treatment, together with the operations performed upon nerve-trunks in the treatment of various diseases, and descriptions of the changes which ensue in other structures as well as in the nerves themselves from these operations." The condition annexed by the testator (the late Sir Astley P. Cooper, Bart.) is, "That the essays or treatises to be written for such prize shall contain original experiments and observations which shall not have been previously published; and that each essay or treatise shall (as far as the subject shall admit of) be illustrated by preparations and by drawings, which preparations and drawings shall be added to the museum of Guy's Hospital, and shall, together with the work itself, and the sole and inclusive interest therein and the copyright thereof, become henceforth the property of that institution, and shall

be relinquished and transferred as such by the successful candidate." The essays must be written in the English language, or, if in a foreign language, accompanied by an English translation, and must be sent to Guy's Hospital on or before January 1st, 1886, addressed to the physicians and surgeons of Guy's Hospital.

A Chinese Physician in New York.

Dr. Chew King Fong, who has a large practice among Chinamen in New York, recently applied to the Board of Health for recognition. The *Med. Record* tells us that he can talk no English, but showed a certificate issued by the Harbor Department, Hong Kong, and affirming his qualifications as surgeon of a Chinese emigrant ship. The certificate was not recognized, and Dr. Fong will have to be examined, and the *Record* sarcastically adds: Assuming that he passes, the serious question arises whether it would be proper to consult with a person who practices, it is said, on strictly Oriental principles.

A Sharp Retort.

Dr. John Woodward, a famous English physician of the early part of the last century, quarrelled with the celebrated Dr. Mead, and, meeting him accidentally under the gate of Gresham College, they drew their swords. Woodward's foot slipped, and he fell. "Take your life," said Mead. "Anything but your physic," replied Woodward, with his usual sarcasm.

How to Win Success.

Sir James Y. Simpson says: Do not vainly flatter yourselves, as is too often done by the younger members of our profession, that in the chances of our calling fortune may, while you repose in drowsy sloth and idleness, search you out in order to lay her gifts at your feet. To obtain these gifts, you must arise and actively pursue her.

The College for Medical Practitioners of St. Louis.

The College for Medical Practitioners of St. Louis opens its third and last session for 1882–83 on May 7.

Items.

—The Library of the Royal Medical and Chirurgical Society of London contains 33,500 volumes.

—The people of this country consumed 95,000,000 gallons of beer last year, at a cost of $250,000,000.

—In Vienna they're first rate at diagnosis; but then, you see, they always make a point of confirming it by a post-mortem.

—*The Wiener Medicinische Blätter* has been confiscated by the Austrian authorities on account of an article which appeared in it criticising the sanitary arrangements of the army.

—A surgeon once jeeringly asked a Quaker if he could tell the difference between "also" and "likewise." "Oh, yes," said the Quaker; "Sir William Fergusson was a great surgeon—his skill as an operator was admitted by almost every one. You are a surgeon *also*, but not *likewise*."

—The government of Brazil has awarded a gratuity of about $17,000 to Dr. John Baptist Lecerda for his discovery of the antidotal virtues of permanganate of potash in the poisoning of snake bites.

—The venerable Sir Moses Montefiore will, on October 25 next, enter upon his hundredth year. According to "Webster's Red Book," there are at least twenty baronets living who were born before the commencement of the present century.

—Professor Nordenskjold, during his Arctic voyage, was perplexed by the question, What becomes of the bodies of animals which die a natural death? He very seldom found such remains, and declared that on Spitzbergen it was easier to find vertebræ of monster extinct reptiles than the bones of the seal, walrus, or bird of the present day. The problem is yet unsolved.

OBITUARY NOTICES.

DR. E. B. TWINISPEED.

Dr. Edward Beman Twinispeed, a distinguished surgeon of Columbia, S. C. died April 19, aged 52. He studied in Paris, and was a surgeon in the Russian army during the Crimean war. He was knighted and decorated by the Czar, and was the inventor of many surgical instruments now in use. He was a contributor to medical journals in America and Europe.

MARRIAGES.

CHRISTINE—HARRISON.—In the Park Avenue M. E. Church, April 12, by Rev. E. Griffiths, pastor of the church, assisted by Rev. W. Williams Christine, of the New Jersey Conference, G. Maxwell Christine, M. D., son of Prof. F. F. Christine, of the Central High School, and Miss Amanda E. Harrison, all of this city.

KEATING—WEDIN.—On Monday, April 2, by Rev. D. Seney, at St. Mary's Church, Jersey City, John Keating, M. D., and Mary Louise, daughter of N. P. Wedin, of Jersey City.

PEABODY—HUGGINS.—At Calvary Church, New York, on the 18th of April, by Rev. Henry Y. Satterlee, D. D., Dr. George L. Peabody and Jane de P. Huggins, daughter of the late James S. Huggins, Esq.

RANKIN—GRACEY.—On April 11, 1883, at the residence of the bride's father, Robert Gracey, Esq., Allegheny, Pa., Dr. Wm. D. Rankin and Miss M. Emma Gracey.

SAGEMAN—PITTS.—At Brooklyn, N. Y., Wednesday, April 4, by Rev. J. C. Agar, Dr. Lewis W. Sageman, of Mount Vernon, and Miss Laura I., daughter of Friend Pitts.

WRIGLEY—MacLEOD.—In Trinity Episcopal Church, Williamsport, Pa., March 29, by Rev. George C. Foley, J. Kay Wrigley, M. D., of Ansonville, Pa., and Susan Fenwick MacLeod, of Williamsport.

DEATHS.

BEACH.—At Dover, N. J., April 20, Dr. Columbus Beach, in the 68th year of his age.

MARVIN.—In Brooklyn, N. Y., on Saturday morning, April 14, George Howard Marvin, M. D., son of Charles R. and Mary E. Marvin, in the 44th year of his age.

MOORE.—At his residence, in New York, April 18, Charles H. Moore, M. D., in his 33d year.

PEARSON.—In Philadelphia, April 12, Dr. Charles L. Pearson, of Trenton, N. J.

RIGGS.—At Saranac Lake, New York, on Wednesday, April 18, 1883, Benjamin C. Riggs, M. D., in the 39th year of his age.

ROSENCRANTZ.—In this city, on Sunday, April 22, Dr. John Rosencrantz, in the 74th year of his age.